Lectures
ON
THE SURGICAL TREATMENT OF ANEURISM
IN ITS VARIOUS FORMS.

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LECTURE I.—PART I.
GLUTEAL ANEURISM.

MR. PRESIDENT AND GENTLEMEN,—By the kindness of the Council of this College, I am permitted to complete the extensive and important subject which I commenced two years ago. Like most other large subjects, it has grown upon me as I looked more nearly at it. When I began, I had hoped that twelve lectures would have been amply sufficient. I shall have spent eighteen upon the discussion merely of the surgical treatment of the various forms of aneurism, excluding questions of diagnosis and pathology as far as is practicable; yet I am conscious that I shall have omitted, or treated very imperfectly, many questions of considerable interest to practical surgeons.

The time at my disposal allows me little space for summary or retrospect, but I must say a very few words in order to make clear what I intend to be the main topics of the lectures I have still to deliver.

The questions connected with the surgical treatment of aneurism are still concerned chiefly with the great invention of Hunter.

In my first course I was dealing with forms of aneurism to which, for the most part, the Hunterian operation is necessarily inapplicable, or in which it has always failed; and my object was to show reasons for the belief which I hold, that we ought not to regard such cases as incurable, but that, by attentive study of general and local treatment, a certain proportion, though probably a very small one, may be successfully dealt with.

In my second course I was largely occupied in dwelling on the very dangerous nature of the Hunterian operation and on its very unsatisfactory results when applied to the large arteries near the thoracic aorta, and on the prospects that we have of bringing such aneurisms as those of the subclavian, axillary, and carotid arteries under the command of compression or other bloodless methods.

In the present course I shall be speaking chiefly of aneurisms in the thigh and leg, and here I think the case is different. When Hunter's operation was first introduced, its actual success was so great, and it held out such views of the successful treatment of diseases hitherto incurable, that it is no wonder if men so accomplished in the theory and practice of surgery as Lawrence and Guthrie spoke of it as if nothing more either need be or could be devised in order to render the treatment of aneurism theoretically perfect. Then occurred the reaction which is inevitable in matters of opinion. The compression treatment, attempted, but without much success, by Hunter and his predecessors, was brought into practical use by the Dublin surgeons. Popliteal aneurisms were cured by flexion; and this and other forms of aneurism were treated with marvellous celerity and ease by digital pressure, while other bloodless methods were also found occasionally successful. From this, some surgeons seemed to conclude that the Hunterian operation had somehow or other proved to be a failure, and that it was a kind of reproach to a surgeon to use it; while others, like Mr. Syme, convinced by experience of the fallacy of this doctrine, rejected the treatment by compression altogether. But I hope to show that both these views are equally wide of the truth. The Hunterian operation has, on the contrary, proved most successful in the hands of modern British hospital surgeons when applied indiscriminately to all cases, without any previous treatment; while the treatment by compression, on the methods hitherto in general use, when applied indiscriminately to all except the most urgent and most severe cases (for these have always been treated by ligature) has not given better results, and although we may hope for more success from improving the method, this remains at present problematical. Yet there can be no question that cases do occur in which a cure is obtained by compression so easily and rapidly, and with so perfect an absence from danger, that no sane man could regard the Hunterian operation as in those cases preferable; and the proportion of such cases seems to me by no means small.

The inference appears irresistible, that advance in the practical surgery of these forms of aneurism is to be sought, not in trying to establish one system to the exclusion of the other, but in endeavouring to perfect the bloodless methods as far as possible, and to select such cases as seem most appropriate for them. The surgeon should regard the one treatment as complementary to the other; satisfied that, if, from *à priori* considerations or from the results of a moderate trial, he believes that compression would do more harm than good, he has in the operation of Hunter a resource which has afforded most excellent results in the past, and which there is good reason for believing will prove still more successful in the future.

It is to the development of the facts on which these views rest that I must devote the other lectures of this course. Meanwhile in this I must speak of a form of aneurism in which there is the strongest motive for avoiding the Hunterian operation, seeing that that operation is extremely dangerous and unsuccessful, while the bloodless methods hold out good prospects of cure, and the disease is often not urgent or dangerous enough to justify the risk of instant death.

Gluteal aneurism is a rare disease, no example of which has presented itself in our hospitals in this city for many years, as far as I have ascertained, and of which few of us, I think, have ever seen an instance. Still the very rarity of the disease lends it an interest of its own. Some of the most celebrated cases in surgery have been cases of gluteal aneurism, one of which (Stevens's original case of ligature of the internal iliac artery) has furnished one of the most valuable preparations in the Hunterian Museum; and every well-educated surgeon is expected to be acquainted, through the recorded experience of others, with those rarer forms of disease which may not have fallen under his own observation. For these reasons I hope that the subject of gluteal aneurism will not be thought unworthy to occupy an hour in this theatre, especially as two of the most formidable operations in surgery used to be considered the only alternatives for its treatment, and I think I can show good reason for believing that both are, under ordinary circumstances, unnecessary.

The literature of this subject is to be sought mainly in the following English and foreign publications. The first case (treated by the old operation of Antyllus) was under John Bell's care, and the graphic account of it in his "Surgery" is probably known to all of us. Stevens's preparation, from the first case in which the internal iliac was tied, is on the table, and the diagrams from Prof. Owen's description of it in the "Medico-Chirurgical Transactions" are before you. Then there are Mr. Syme's two cases in his "Clinical Surgery," and other cases by Schuh, Campbell of Montreal, Uhde, and others; Bouisson's excellent paper in his "Tribut à la Chirurgie"; a short paper by Blasius in the "Deutsche Klinik," 1859; a dissertation by Baum, of which I have not found the original, but of which Gurlt has published a complete abstract in his first "Year-book"; a paper by Servier in the "Gaz. Hebd.," 1868; and, finally, a very full and elaborate statistical treatise by Fischer in the 11th vol. of Langenbeck's "Archiv."

The artery affected in gluteal aneurism is usually the gluteal itself, but not unfrequently the sciatic. It is impossible, without the opportunity of dissection, to know in any case whether it is the trunk of either artery or one of its branches which is diseased, for both vessels run a very short course undivided. Nor is it by any means easy to distinguish between aneurism of the gluteal and of the sciatic, as Stevens's celebrated case shows. The internal pudic, in its short course over the spine of the ischium, may be affected, as shown by the interesting preparation (Hunterian) which I here produce from our museum. And, finally, there is a curious case reported by Dr. Hilton Fagge,* in which a

* Guy's Hospital Reports, 3rd ser., vol. x., 1864.

gluteal aneurism was found to have been developed on an abnormal artery called "sciatico-popliteal." In this rare abnormality, of which Dr. Fagge's is only the fourth case on record,* the internal iliac artery ends in a large vessel which runs down along with the sciatic nerve and becomes popliteal; while the femoral, of very small size, terminates as the anastomotica magna.

In Fischer's table of gluteal aneurisms (which, however, includes some cases of wound) thirty-five cases are recorded. Deducting one of aneurism by anastomosis and the above case of Dr. Hilton Fagge, we have thirty-three, in twenty-five of which the affection was supposed to be of the gluteal or its branches, and in six of the sciatic, while in the other two no confident opinion on this point could be formed. This table hardly shows the relative frequency of aneurism of either artery, since the diagnosis was in many cases unverified by dissection; but it seems certain that the gluteal is more frequently the seat both of disease and injury than the sciatic.

The diagnosis of gluteal aneurism has often been found to be extremely difficult. This difficulty has depended, in some cases which are classed as aneurisms, on the absence of pulsation due to the absence of a sac. The majority of these cases were not really aneurisms in any true sense of that term, but wounds or ruptures of the artery; and such cases are, of all others, the most difficult to distinguish, especially when (as frequently happens) the surgeon does not see the case till some days after, when inflammation of the integuments and superficial parts has followed the injury. He has then before him a large swelling, sometimes an enormous one, with decided fluctuation, no pulsation, and inflamed œdematous skin. Unless informed of the history of similar previous cases, he entertains no doubt as to the presence of abscess, and is shocked, on making a free incision into the supposed deep-seated collection of matter, to see a great stream of arterial blood gush out of the wound. This is the history of several of the recorded cases. But there can be no doubt that the disaster might, in some at least, have been avoided by more care in the examination. For it seems certain that in many, if not in all such instances, a bruit might have been detected in some part of the tumour by careful auscultation. And even if there is no distinct arterial lesion, yet many of these great fluctuating tumours of the buttock are mere blood-tumours, which will disappear gradually with rest, if the integumental inflammation be combated by appropriate means. Hence an exploratory puncture, which in no case can do any harm, should never be neglected.

In traumatic aneurism properly so called the diagnosis has also often been erroneous, and that even when the case has been under observation from the beginning; but this also has sometimes depended more on carelessness than on any real difficulty in making a correct diagnosis. Thus, in Schuh's case,† a young man had received a deep wound in the buttock, from which there had been alarming hæmorrhage. This was repressed, and the wound healed. After three weeks' stay in hospital, he was dismissed cured, but experienced so much pain on attempting to walk that he returned to the hospital. A fluctuating tumour was found deep in the buttock, and was opened without hesitation as an abscess. A great stream of blood spouted out, and then, after this hæmorrhage had been stopped for the time, examination detected (what could certainly have been found out as well or better before) that there were both pulsation and bruit in the tumour. In fact, in the true traumatic aneurisms I should be inclined to believe that the diagnosis from abscess is easier than in some of the spontaneous, since there is the history to guide the surgeon and to lead him to a more careful examination. But I do not mean to deny the real difficulties which in some cases undoubtedly exist. Pirogoff's case is one in point, in which the inflammation of the injured parts led to the diagnosis of threatened abscess, to the application of poultices and mercurial inunction, and finally to a deep incision (but fortunately not deep enough to reach the sac) before the patient's admission into hospital. Then a deeper incision was made under Arendt's direction, but still the sac was not reached. Finally Pirogoff himself repeated the incision, penetrating to the depth of three inches, when a great stream of arterial blood enlightened him as to the nature of the disease; and now, on auscultation, he detected a low dull murmur in one or two places. The history shows how easily that which had led astray three different surgeons, two of them so eminent as Arendt and Pirogoff, might mislead any other surgeon; and it should be added that pulsation was sought for and was proved to be absent.

We see from this the great difficulty of diagnosis in some traumatic cases—those, I imagine, in which the sac is imperfect,—and therefore the absolute necessity of using every method of examination before opening a tumour of this kind.

In the spontaneous form of aneurism other sources of fallacy are added. Here, again, it may easily happen that the integuments have become inflamed either from pressure on the tumour in sitting or in moving, or from applications intended to cure the disease. Then, again, the leading symptoms of the disease are not in general those of aneurism as it occurs in other parts, but loss of motion in the limb, sometimes with persistent flexion, and sciatic pain from pressure on the nerve. Hence the presence of an abscess, either connected with sacro-iliac disease or pressure on the great sciatic nerve, first occurs to the mind of the surgeon. And even if the surgeon can satisfy himself of the presence of pulsation and bruit, it cannot be denied that pulsation often, and bruit occasionally, are found in those cancerous tumours which are not rarely connected with the pelvic bones.

Let me refer to this diagram from a case operated upon by Uhde, showing the enormous size of the tumour, the several lobes formed by an imperfect sac, and the minute opening by which it communicated with the artery. We may judge how easily such tumours might lose their pulsation from the sac giving way, and how difficult it would be, without very great care, to detect the bruit, which could only be audible close to the entrance of the arterial stream.

The best known instance of mistaken diagnosis is Guthrie's case,* the preparation from which is in our museum. In this instance the tumour was taken for a gluteal aneurism by Mr. Guthrie, who saw the case first, although the tumour had not exactly the ordinary features of an aneurism. It is clear from his description that the pulsation was less strong and less expansive than that of an aneurism of so large a size ought to have been. However, there was a bruit. Being in some doubt, he requested the opinion of Sir A. Cooper, Mr. Keate, and Mr. Thomas, who examined the patient separately, leaving their written opinions with the then house-surgeon, Mr. Hancock, and all ultimately coincided in Mr. Guthrie's view, although Mr. Keate was at first more disposed to believe that the tumour was cancerous. Mr. Guthrie attempted to tie the internal iliac artery, but failed to do so, for the tumour extended so high that he could not carry his incision low enough to obtain room, and therefore secured the common iliac, though with much difficulty, and after lacerating the peritoneum in two places. The pulsation in the tumour at once ceased, and the growth temporarily diminished; but it soon became the seat of great pain, and after two months began to grow again rapidly. She died about seven months after the operation.

Mr. Guthrie published the case, had the parts drawn, and presented the preparation to this museum. Therefore it cannot be said that he tried to conceal his error of diagnosis; though, from what he says in his account, it is evident that some one had attributed some such unworthy intention to him; and the eminent opinions which he obtained in favour of the operation would quite acquit him of any blame in the matter. Yet, looking at the case by the light of the experience now acquired, we are entitled at any rate to conjecture that the diagnosis might possibly have been correctly established in spite of the delusive bruit in the tumour.

The case which furnished this preparation to the museum of St. George's Hospital (Ser. ii., 231) is in point here. The patient was under Mr. Prescott Hewett's care, with a pulsating tumour in the buttock somewhat resembling an aneurism. The absence of bruit in this case, and the fact that pressure in the course of the gluteal artery had no effect on the pulsation, rendered the diagnosis much more easy than in Mr. Guthrie's case; but the same character which is so plainly shown in Mr. Guthrie's preparation was

* Perhaps only the third, for two of the descriptions may be somewhat varying accounts of the same case.

† Wien. Med. Wochensch., March 7th, 1857.

* London Medical and Surgical Journal, vol. vi., 1836, p. 97.

that which in this instance ultimately decided the nature of the disease—namely, that the bones were evidently most extensively affected, so that the pulsating tumour presented on both aspects of the pelvis. It is clear, on reading Guthrie's account and looking at the preparation, that the growth had come into extensive contact with the psoas muscle. Hence, on the assumption that it was an aneurism of the gluteal artery, it must have eroded the pelvic and spinal bones to a very great extent, which would be very improbable in the case of a tumour small originally (as a spontaneous aneurism of the gluteal must be), and having so much more free an access to the soft parts externally. And now that we know how often some amount of bruit is found in these pulsatile tumours of bone, this symptom ought not to have more than its due weight in the diagnosis. Still we must not forget how often, and by what eminent surgeons, the difficulty has been experienced; and we must admit that, in the buttock as elsewhere, the distinction between an aneurism and a pulsatile malignant tumour may easily be mistaken. The latest instance occurred to the celebrated Italian surgeon Professor Porta, who tied the internal iliac artery last year for a supposed gluteal aneurism. The patient died in forty hours from peritonitis, and the disease proved to be malignant. The probability of such an error is another powerful motive for avoiding the ligature of the internal iliac if possible. In Porta's case, also, the bones were extensively affected.

It appears, then, that there are very real and very great difficulties in the way of the diagnosis of aneurisms in the buttock; depending obviously on the great depth at which they are situated, the comparatively small size of the tumour when entire, and the small size of the affected artery. But in many cases it would seem that the tumour has not been entire, but that a part has been ruptured, allowing of the sudden increase of the swelling, and the disappearance of the pulsation. This brings matters very much into the same condition as in a ruptured artery; and the same care is necessary to auscultate the part, and, in case the doubt is not thereby cleared up, to use the exploring needle. More especially should a minute and careful examination be made of the bones of the spine and pelvis, under chloroform if necessary, both from the surface of the body in front and behind and from the rectum.

I pass on from these general observations to consider the materials which we have for estimating the results of surgical treatment in the various forms of gluteal aneurism.

The recorded cases of accidental lesion or disease of the arteries of the buttock may be divided into—1, open wounds; 2, subcutaneous wounds and ruptures—the so-called "diffused traumatic aneurisms"; 3, traumatic sacculated aneurisms; 4, spontaneous sacculated aneurisms; 5, arterio-venous aneurisms, aneurisms by anastomosis, &c.

Of the first class I shall say nothing here. There are some interesting cases recorded by Baroni, Bouisson, and others; but the treatment has nothing peculiar in it beyond the difficulty caused by the depth of the vessel and its possible retraction within the pelvis. Fischer's table contains thirty-five cases of so-called gluteal aneurism. One undoubted case is omitted—that by Thomas, of Barbadoes, the preparation from which, showing the internal iliac tied, is in Guy's Hospital museum (No. 1504^{6}^{0}); and the case* in which a Russian surgeon (who, as Dr. Norris of Philadelphia informs me, was, he believes, the celebrated Arendt) received a pension from the Emperor Alexander for the successful performance of the same operation, is also omitted. If we admit that there is some uncertainty with regard to this latter case, we must at least add Mr. Thomas's case, raising the above figure to thirty-six, from which three cases of arterio-venous and erectile tumours may be deducted, leaving thirty-three cases of arterial aneurism in the buttock—a list of cases quite sufficient, at any rate, to show us what the main difficulties in the treatment of this disease are, and how far surgeons have succeeded hitherto in their efforts to surmount them. Three of these thirty-three cases I should prefer to class as subcutaneous wounds of the artery in which the absence of a sac seems to have caused much difficulty in the diagnosis. These are the cases numbered 1, 2, 7 in Fischer's table. The first two† are Charles and John Bell's well-known cases—the former not under Sir C. Bell's own care,—in which, after a fall from a height, an enormous tumour formed, extending from the false ribs to the middle of the thigh—taken for an abscess and opened, with a fatal result; the gluteal artery was wounded by a fracture of the pelvis. The second* was John Bell's famous leech-gatherer, in whom an enormous fluctuating swelling formed after a fall on the point of a pair of scissors, and in whom, as pulsation was absent, it was impossible to make the diagnosis without an exploratory puncture. Finding, then, that the artery was subcutaneously wounded, Bell tied both ends, and the patient ultimately recovered. The third of our cases is one which is in many respects analogous to this. It is also related by John Bell, but occurred in the practice of Mr. Jeffrey of Glasgow. The gluteal artery had been wounded with a nail. A fluctuating swelling formed, which was punctured by another surgeon as an abscess, but only blood issued from the puncture, and Mr. Jeffrey, believing the artery to be wounded, urged the propriety of tying it. Other surgeons were consulted, the tumour burst, and the hæmorrhage was with difficulty suppressed for the time; when the necessity of tying the artery became at length undeniable, but unfortunately too late. The tumour again burst, and the patient bled to death at the moment when the surgeon was actually preparing to perform the operation.

These cases agree, at any rate, in one particular—i. e., in the absence of symptoms sufficiently definite to point to a lesion of the artery. This absence could only depend on the absence of an aneurismal sac. They were, therefore, not so much aneurisms, in the proper sense of that term, as subcutaneous wounds or ruptures of the artery. And with them may be compared a case recently published by Mr. Morrant Baker,† in which the lesion of one of the large branches of the internal iliac artery by ulceration in disease of the sacro-iliac joint led to a collection of fluid in the buttock simulating abscess, extending into the ischio-rectal region and the upper part of the thigh, and quite destitute of pulsation. The swelling was punctured. Then an attempt was made to find and tie the bleeding vessel, which, however, was necessarily unsuccessful. Finally, the common iliac artery was tied; but this did not entirely control the hæmorrhage, and the patient died soon afterwards.

It is not, of course, every case of wound of the gluteal in which there is this difficulty of diagnosis. Thus in the case of Col. Macpherson,‡ under Murray's care, there was no hesitation as to the nature of the injury; but the surgeon temporised about the treatment until too late to save his patient, who died very shortly after the ligature of the gluteal from exhaustion caused by repeated hæmorrhage.

I have already referred to the caution with which such cases should be examined, and to the probability that in many of the recorded cases such care would have obviated the errors actually committed. Having made the diagnosis of traumatic lesion of the artery without formation of an aneurismal sac, there appears to me but one course to pursue—namely, to secure both ends of the vessel; and it may be observed that in all those cases where the diagnosis has been correctly made, such has been the course which the surgeon has naturally adopted, and which, when adopted in time, has proved successful. In the case related by Sir C. Bell no efficient treatment was pursued, and the patient bled to death. In John Bell's operation an enormous incision was made, the patient very nearly bled to death, but the surgeon, with praiseworthy perseverance, persisted in his attempts to find and secure both ends of the vessel, succeeded at length, and his patient ultimately made a complete recovery. Jeffrey's patient died unoperated on.

In Dr. Tripler's case,§ on the other hand, where the precise artery wounded was not discovered, the ligature of the gluteal, at its emergence from the pelvis (on Anel's method), did not check the hæmorrhage, which reappeared an hour or two afterwards. In fact, there is nothing in the account to show that it was not the sciatic or pudic that was wounded. The ligature of the internal iliac was then performed, and terminated fatally, though without any further hæmorrhage. The case certainly shows the im-

* Quoted by S. Cooper from Averill's Operative Surgery.
† John Bell's Principles of Surgery, edited by Sir C. Bell, vol. i., p. 363.

* Ibid., p. 375.
† St. Bartholomew's Hospital Reports, vol. viii., p. 120.
‡ Case No. 8 in Fischer's paper. It is referred to by Guthrie, and by several other authors.
§ American Journal of Medical Science, vol. xxvii., 1854, p. 365.

portance, wherever it is possible, of tying the wounded vessel itself.

Besides these cases of ruptured artery, a large proportion of those in which there has been a true aneurismal sac have been classed as traumatic; but only the minority of these followed on penetrating wounds, the rest were caused by various injuries, and many of them are indistinguishable from those reputed spontaneous.

The nomenclature is of course a matter of subordinate importance. What is of more moment is to judge from the history of the injury (1) whether there is reason to believe that the tumour owes its origin to wound of a healthy artery in a definite spot, and (2) whether this spot is external or internal to the pelvis.

In many of the cases of purely traumatic aneurism—those in which a punctured wound has been followed by the formation of an aneurism with all its usual symptoms—there can be little hesitation on either head. The seat of injury is in all probability outside the pelvis, and the surgeon has the choice given him of the Hunterian operation, the method of Anel, or the old operation of Antyllus, and, in fact, he has the further choice of galvano-puncture, injection of perchloride of iron, or any other of the local methods of treatment, and of the compression of the aorta or common iliac under chloroform.

The Hunterian operation, by ligature of the internal or common iliac artery, has been carried out twice only in the aneurisms reckoned to be of this form, and then with a fatal result. The first patient was a woman under the care of Bigelow, of New York.* In this case there was a well-formed sac, and all the symptoms of aneurism were marked. The wound in the artery was external to the pelvis, and, to judge from the description, there would not have been any insuperable difficulty in reaching it after laying open the superficial portion of the sac. The latter consisted of two parts, one external to the pelvis, the other formed in the substance of the pyriformis muscle within the pelvis. The pulsation in this portion of the tumour was perceptible both from the rectum and the vagina. The second was Pirogoff's case above referred to, in which, after the aneurism had been laid open, the common iliac artery was tied in order to stop the bleeding. The wounded vessel was found to be a branch of the gluteal.

The success of the old operation in traumatic aneurism of the buttock has been considerable. Four cases are recorded—Schuh's, Carmichael's, Syme's, and Toracchi's. The first three were successful, but in Toracchi's case the sac appeared to originate within the pelvis; the opening of the artery could not be found, and the patient bled to death. The internal iliac artery was tied as a last resource, but the patient sank in a few hours. Anyone who will read Syme's account of the case in which he laid open the sac of a traumatic gluteal aneurism, while admiring the courage and dexterity of the surgeon, will not be surprised that the operation has been rarely undertaken, for its dangers and difficulties were evidently enormous. But all these operations were performed without any effectual compression of the aorta, which would much diminish the hæmorrhage and render it easier to find the vessel. Still the operation remains as a desperate remedy, necessary, perhaps, in some circumstances, but only to be undertaken when other means have failed.

In one case—that under the care of Campbell, of Montreal†—the gluteal itself was tied just above the sac, after the method of Anel, on the failure of the injection of perchloride of iron. The case is a very interesting one. It partook of the nature of a wound of the artery, for though an aneurismal sac had formed, it was open and bleeding constantly. The artery had been wounded by a pointed piece of red-hot iron, and the wound had never healed, its orifice having of course sloughed. The patient was a boy of fourteen, and his emaciated condition rendered it easy to find the gluteal. Had pressure on this artery failed to control the circulation in the tumour, Dr. Campbell says there would have been no difficulty in drawing the lips of the wound so far apart as to reach the lower border of the pyriformis muscle and secure the sciatic.

Schuh's case is of interest in many respects. Its leading facts have been already given. The error in diagnosis had led the surgeon to open the aneurism, and with a wounded traumatic aneurism there could be no doubt as to the course indicated. The sac was split up, at first without chloroform; but as the bleeding was formidable, and the patient's restlessness prevented the surgeon from discovering the source of it, the sac was stuffed with a sponge, while chloroform was administered. Then a great crucial incision (eight inches long and two inches across) was made, while an assistant tried, but in vain, to control the circulation in the aorta. The large branches of the gluteal came into view. A ligature passed round some of these enabled the surgeon to draw on the trunk of the vessel, and at last he brought the wounded spot into view. The trunk had been partly divided, and the puncture seems to have been partly at least within the pelvis, for the hæmorrhage could only be stopped by dipping an aneurism needle under both the vessels and the nerve inside the sciatic notch, and tying all. It was noticed that, though completely narcotised, the patient gave a loud shriek when the ligature was tied, but no other symptom whatever ensued from tying the nerve. All went on well for a month, and the wound had nearly closed, when, after overeating himself excessively on the sly, he was seized with feverish symptoms, became comatose, and died, as the author believes, exclusively from the surfeit. Every organ in the body was sound, the tied artery closed, and all the parts around the ligature firmly cicatrised.

Another and an unpublished case of traumatic gluteal aneurism occurred a short time since at the Liverpool Infirmary. The patient was a man twenty-three years of age, admitted March 21st, 1872, for a traumatic aneurism following on a punctured wound received half a year before. The sac being laid open and both ends of the gluteal artery secured, he made a rapid recovery, and left the hospital cured on April 22nd.

In another case of traumatic aneurism, under the care of Blasius,* galvano-puncture was tried, but the case was not completed when the patient died of epidemic cholera. In this case the sciatic was the vessel affected, in the opinion of those who saw the case; but, as no post-mortem examination was made, the point could not be absolutely settled. Blasius made this diagnosis in consequence of the peculiar pain which, after prolonged pressure on the tumour, was felt shooting down the sciatic nerve. It ought to be added that the case shows little either way as to the efficacy of galvano-puncture, since, according to Blasius' own admission, the apparatus used was not an efficient one. The diagnosis was obscure in this case for a long time, and the patient had put himself under Blasius' care for the purpose of having an incision made into the swelling, which all who saw it had taken to be an abscess connected with disease of the sacro-iliac joint. On very careful examination a slight pulsation was perceived, and then stethoscopic examination detected the bruit.

Let us now see what the experience of surgeons has been in the treatment of aneurisms in the buttock considered to be of spontaneous origin.

In these cases there is at any rate no certainty whereabouts the opening of the sac may be, nor what may be the condition of the coats of the vessel at the affected part. Hence it is not to be wondered at that the treatment by Hunter's operation has been far more generally carried out.

The number of cases of so-called spontaneous gluteal aneurism in Fischer's table is 21. Of these I should be disposed to reject one (Baum's case), which seems to have been an erectile tumour, or teleangiectasis, and to supply the one by Thomas which I previously quoted. This leaves still 21 cases, in 5 of which no treatment was adopted. Out of the other 16, 9 were treated by ligature of the internal, and 2 by ligature of the common iliac, 4 by injection of the perchloride of iron (in one of these cases compression of the aorta had been tried and failed), and in the other case cure is attributed to rest and diet, assisted by direct pressure.

The ligature of the common iliac was fatal in both the cases in which it was tried. In one—the case under the care of Dugas and Holt, of Georgia†—the sciatic had previously been tied after the method of Anel, but secondary hæmorrhage took place on the tenth day; the patient died of exhaustion fifty-eight hours after the second operation.

The other is Uhde's case‡ in which the operation for securing the internal iliac was attempted, but the surgeon

* American Journal of Medical Science, Jan. 1849, p. 29.
† THE LANCET, vol. ii. 1862, p. 41.

* Deutsche Klinik, 1859, p. 105.
† American Journal of Medical Science, 1860, p. 572.
‡ Deutsche Klinik, 1863, p. 174.

had the misfortune to lacerate the artery in trying to pass the needle round it, and was thus compelled to take up the common iliac in order to prevent his patient from bleeding to death. The case is of very great interest in every way, and its history and the illustrations and description of the state of the parts have very important bearings on the practical questions connected with our present subject. The aneurism was, as far as could be judged, spontaneous—that is, there was the uncertain history of a blow or injury, and the persistent complaint of rheumatic pain so common in cases of aneurism. The man was only twenty-six years old, a copper-smith, in robust general health. The aneurism had not been detected before his admission into hospital, and he had only suffered from violent pain in the course of the sciatic nerve for a fortnight, but had experienced rheumatic pains in the limb for five years. Two days after he came into hospital the sac gave way, the pulsation and bruit disappeared, the swelling increased, and the pain became so dreadful that he begged for the operation. No difficulty was experienced in exposing the internal iliac, or in getting the aneurism needle under it; but, as the surgeon was endeavouring to disengage his ligature, a sudden gush of blood occurred, and the artery collapsed. The immediate ligature of the common iliac stopped the bleeding, but the patient died on the fourth day after the operation from exhaustion and incipient gangrene.

Post-mortem examination showed a rounded opening on the inner and posterior circumference of the internal iliac artery, six or seven lines from its origin, about a line in diameter. This was where the artery had given way at the operation. It was surrounded by a yellowish disc, and there were hardened portions in the course of the iliac and crural arteries here and there. The gluteal artery had given way just as it leaves the pelvis, and here communicated with a sac (the original aneurism), beyond which it was obliterated for a short distance, but then became pervious again. The condition of the coats of the vessel at the point of rupture is not described. The original sac consisted of fibrous tissue lined with a layer of fibrine, and it was prolonged by five different processes into the substance of the glutæus medius, and one of these had given way, forming a large irregular cavity filled with blood, extending into the substance of the glutæus maximus and down the back of the thigh under the fascia lata. The original sac was only the size of a lemon; the secondary sac formed by the glutæus medius measured 9¼ in. long by 8¼ in. broad. The opening into the gluteal artery seemed not larger than a pin's point at first, but on drawing out a clot which was contained in it, it admitted a probe.

There can, I think, be little doubt that the aneurism was formed here by an accidental rupture of the artery, the vessel being diseased; and that similar disease of the coats of the internal iliac led to its rupture while the surgeon was trying to tie it. And the case forcibly illustrates Bouisson's remark that the ligature of the internal iliac gives little security to the surgeon from the danger of finding the same disease in the artery where he ties it as that which may have led to the lesion of the aneurismal vessel.

The operation of ligature of the internal iliac artery has been performed at least twelve times for aneurism. Nine cases are enumerated in Fischer's table: those of Stevens (1812), Atkinson (1817), Altmüller (1818), Pomeroy White (1827), Valentine Mott (1834), Kimbal (1849), Bigelow (1849), Syme (1860), and Morton of Pennsylvania (1867). To these must be added the case of Thomas of Barbadoes, and that of Arendt, which I have alluded to above. Dr. Valentine Mott, in his translation of Velpeau, speaks thus of a case by Dr. J. K. Rodgers:—"Dr. J. Kearney Rodgers informs me that he has tied the internal iliac, with perfect success, in a case of complicated aneurisms which he has not yet published. ..... The external iliac and the femoral were also both tied in this patient." No further account, as far as I know, ever appeared of this extraordinary case; which, however, is accepted as genuine by Mott and Norris. If we allow the authenticity of all these cases it will give us twelve instances in which the internal iliac artery has been tied for aneurism; of which five died—viz., those under the care of Atkinson, Altmüller, Kimbal, Thomas, and Bigelow.

Another fatal case, under Dr. Tripler's care, I have already alluded to, in which the operation was undertaken for hæmorrhage, and not for aneurism; and another by Toracchi. And, lastly, there is the fatal case which I alluded to above as being under the care of Professor Porta, of Pavia, where the diagnosis was at fault, and the disease proved to be cancerous.

The ligature of the artery leading to the sac, after the method of Anel, has been practised twice in spontaneous aneurism, and both times it has failed. The sciatic happens in both cases to have been the vessel affected.

The first case was that under Sappey's care,* in which the patient had fallen and struck his buttock when a child of twelve years old. There had been some tumour there ever since, but no pulsation seems to have been perceived in it for ten years, and it was not till over twenty years from the time of the accident that it increased sufficiently and became sufficiently painful to require operation. The patient was thirty-five years old when operated on. The characters of sciatic aneurism were well marked, and pressure above the tumour stopped the pulsation in the aneurism. Attempts were made, but in vain, to cure the disease by the application of methodical pressure in this situation. M. Sappey accordingly tied the sciatic artery above the sac without opening the latter, and all pulsation ceased in the tumour, which diminished in size, and remained pulseless for two days; but on the third day the tumour began again to pulsate, and this pulsation continued to increase until the disease returned very much to its former condition. However, the patient declined M. Sappey's proposal to perform the old operation, and for ten years nothing further was done. He was then treated by M. Nélaton by means of the injection of perchloride of iron.

I do not think there can be any doubt that the sciatic artery was really secured in this case. M. Sappey's description of the operation is very careful, and to my mind quite decisive on this point.

The other case of Anel's operation on the sciatic artery is the one reported in the *American Journal of Medical Science* for 1860 by Professor Dugas. In this case, as in Sappey's, the artery could be compressed above the aneurism so as to stop the pulsation and bruit. The sciatic artery was tied at the lower edge of the pyriformis muscle. This at once stopped the pulsation and the tumour collapsed. Slight pulsation, however, recurred on the fourth day after operation. The patient suffered occasionally from epistaxis. On the eighth day hæmorrhage commenced from the wound, and on the tenth day the wound was laid open, and a large stream of blood was found issuing from the tied artery above the ligature. The wound was then plugged, and the common iliac was at once tied. The patient was by this time extremely exhausted by bleeding. He died on the third day after the ligature of the common iliac, no fresh hæmorrhage having taken place.

There was no post-mortem examination, and nothing is said as to the appearance of the sciatic artery when exposed by operation. The aneurism, or at least the tumour, had been noticed for fifteen years, and its origin was attributed to a fall on the nates five years before, when he was only four years old. He could not say how long he had noticed the pulsation.

In quoting cases of this kind, it is always allowable to criticise the proceedings of our predecessors; and in this instance I must say that it would seem to me that, practically, the patient's chances of life were diminished, instead of increased, by the ligature of the common iliac artery.

The cases in which true aneurism (not teleangiectasis) have been treated by coagulating injections are—

(1) One under Bruns's care,† in which death followed from gangrene and hæmorrhage.

(2) One under Baum's care, which is fully reported in Fischer's paper.‡ The patient, a labouring man, had received a severe blow on the buttock from a heavy mass falling on him three weeks previously. There was a slough on the part injured, and he presented evident symptoms of fractured pelvis. Soon after his admission a small pulsating and thrilling swelling was found at the upper part of the sciatic notch. For some time the application of ice-bladders, with some amount of pressure, seemed to check the growth of the tumour; but then the man discharged himself from the hospital, and on his readmission the tumour was found

* Rev. Méd. Chir. de Paris, vol. vii., April, 1850; Bouisson, Trib. à la Chir., 1, 381.
† Fischer's Table, No. 20. ‡ Fischer, op. cit., p. 536.

to have increased in size. Compression on the common iliac artery was tried, but the pulsation in the tumour could not be thus commanded; in fact, the artery could not be effectually compressed. On August 15th, 1866, the tumour was injected with one gramme of the solution of perchloride of iron (20° Beaumé). Before passing in the solution it was carefully ascertained (by seeing the arterial blood issuing from the canula) that the point of the instrument was fairly lodged in the sac. Compression was simultaneously made on all sides of the tumour. The thrill ceased at once, but the pulsation persisted, although it gradually diminished in strength to a certain extent, and the tumour did not become smaller. Still, as he gradually recovered from the loss of motion caused by the fracture of the pelvis, and the pulsating tumour gave him little trouble, he could not be persuaded to submit to further treatment, although even so long as a year after the accident the continued pulsation and the size of the tumour led the surgeon to propose a repetition of the injection. When seen again a year and a half afterwards, nearly three years after the accident, all trace of the tumour and of the pulsation had utterly disappeared, and the man was in all respects well.

In this case the reality of recovery admits of no question, but that the cure is in any way to be attributed to the treatment is far more dubious. It seems to me to resemble the other cases on record of spontaneous disappearance of an aneurismal dilatation due to injury of the artery in fracture, such as those which I have quoted in the "System of Surgery."

(3) The third case of the use of coagulating injections is related by Servier.* It occurred at Val-de-Grâce, under the care of M. Legouest, the aneurism resulting from the patient slipping with his right foot while in the "latrine," and making a violent effort to support himself against the wall so as to avoid falling. This was followed by violent pain in the buttock and thigh, great swelling, much heat, and, on the third day, pulsation (weak) and a bruit over the quadrilateral space bounded by the crest of the ilium, the fold of the buttock, the great trochanter, and the middle line. The accident happened in another military hospital, where the man, aged thirty-three, was a patient for bronchitis. There was a cardiac bruit, depending on disease of the aortic valves. Attempts were made to cure this diffused aneurism, first, by digital compression of the aorta for ten minutes three times a day; but the aneurism continued to increase. Then instrumental pressure was tried for five minutes at a time, so as to interrupt the circulation completely. This caused great pain; but it was gradually carried on till he became able to support the pressure for twenty minutes three times a day, but only with very great suffering, and in the end, after the treatment had been carried on for four weeks from the first employment of digital pressure, the sac again gave way, and the aneurism commenced rapidly extending. Then perchloride of iron was injected, the aorta being kept completely commanded: first, forty drops of the perchloride (at 20°), five minutes afterwards another, and ten minutes after a third injection (120 drops in all). The compression was kept up till ten minutes after the last injection, or twenty-five minutes in all. At first considerable hardening and diminution of pulsation and bruit were noted; but these very soon reappeared, the tumour made great progress, the skin mortified, sanious sero-sanguinolent discharge exuded, and then a copious hæmorrhage, which proved immediately fatal, forty days after the injection of the perchloride.

There was a large bilocular aneurism of the gluteal artery, which had given way at its superficial part, forming a third pouch, which extended down to the middle of the thigh, where it had burst, as well as at the level of the great trochanter. The gluteal artery was healthy inside the pelvis (as were all the other branches of the internal iliac), but seems to have given way just as it passed through the notch. With the exception of the heart, all other organs were healthy.

With regard to the treatment of this case, Servier (who took charge in Legouest's absence after the injection) observes that the ill-success of the treatment might be ascribed partly to the enfeebled condition of the patient, and the same may perhaps be said about the compression of the aorta. My own impression is that in traumatic cases, and particularly perhaps in rupture from slight causes, such as this, the attempt to cure aneurism by pressure should not be too long persisted in, when not soon successful. Much must depend on the resilient, or resistant, power of the tissues forming the sac, which are very various in different cases, and in this instance appear to have been very slight. In fact, to judge from the description, the sac was never perfectly formed. When Servier took charge, the patient was in a desperate state, and no operation could be performed; but it seems evident to me that, in so rapidly-growing an aneurism as this, the perchloride had no chance, but that the aorta should have been commanded, and the artery tied at the seat of rupture, on the failure of instrumental compression. He might have recovered from this, and would certainly have died after the Hunterian ligature.

(4) The fourth case was Sappey's patient, who, some years after the ligature of the sciatic, came into the Hôpital des Cliniques under Nélaton's care, and he injected the tumour with twenty-five drops of perchloride of iron at 20°. The pulsation ceased at once. In an account a month afterwards, the tumour had diminished one-half in size, and was still decreasing.* There had been no inflammation at all. The patient was looked upon as radically cured, and was about to quit the hospital.

In a previous case, under Nélaton's care,† which is reported as an arterio-venous aneurism of the sciatic artery (but which M. Nélaton spoke of afterwards as being of the gluteal), injection of thirty-two drops of perchloride of iron at 25° was practised, with complete compression of the aorta. The aneurism continued to pulsate, but the bellows-sound disappeared. Ten days afterwards the same operation was repeated, and was perfectly successful. The patient quitted the hospital completely cured.

(5) A fifth case may be added in Campbell's patient above referred to, on whom a single injection was practised unsuccessfully. Another case is published by Baum, in which perchloride of iron injection was used successfully in an aneurismal tumour of the buttock; but as the disease was teleangiectasis and not true aneurism, it does not bear on our present subject.

This can hardly be said to be a very satisfactory list of cases, for there is no real proof of cure in Nélaton's, though it is usually cited as successful; and in Baum's case, it is obvious that the recovery was spontaneous; in fact, the treatment had failed to effect a radical cure in the judgment of the surgeon himself, who proposed to repeat the operation a year afterwards. Still, it must be admitted that some benefit seems to have followed the injection.

* Gaz. Hebd., 1868, pp. 326, 339.

* Gaz. des Hôp., 1864, 178. † Gaz. des Hôp., 1862, 141.

PRACTICAL NOTES ON CUTANEOUS SUBJECTS.

BY TILBURY FOX, M.D. LOND., F.R.C.P.,
PHYSICIAN TO THE DEPARTMENT FOR SKIN DISEASES IN UNIVERSITY COLLEGE HOSPITAL.

IX.—SYPHILITIC TUBERCLES ABOUT THE NOSE.

I HAVE seen strange mistakes made in regard to the nature of specific indurations or tubercular formations about the nose. The occurrence of syphilitic inflammation or infiltrations in circumscribed spots about the nose, constituting the sole syphilitic cutaneous manifestation present, is not uncommon. The favourite seat of these infiltrations is the hollow formed by the junction of the ala of the nose with the cheek. These formations may be as small as, and even smaller than, a split pea, or as large as an almond or larger. There may be one or several. Generally speaking there are one or two packed together. In some cases the nose about its tip or side, or in both situations, appears enlarged from excess of tissue; whilst it is at the same time redder and hotter than usual, and distinctly indurated to the touch. More rarely the general enlargement of the nose is excessive. The tubercles, or the more general enlargement, may be the seat of ulceration or crusting. No such condition as the last described could be the result of simple inflammation. The syphilitic dis-

case begins and progresses slowly and indolently; and the enlargement is due to the formation of a fleshy-like mass, firm and reddish—a neoplasm in fact. The neoplasm in the form of a tubercle or a more diffused infiltration is firm, not very vascular; it *tends* to crust freely and to ulcerate—characters that bespeak its syphilitic nature. The lupus neoplasm is softer, more vascular, gelatinous-looking, and, if small, does not crust, except in strumous subjects, but is covered by thin scales, which are closely adherent; and, further, the tubercles are not multiform, save but very rarely. But the diagnosis is further set at rest by the discovering of some concomitant syphilitic lesion of the throat or the tongue, by the presence of nocturnal bony pains, &c., although there may be no additional evidence of skin syphilis.

These syphilitic tubercles are often taken to be acne indurata spots; but they have none of the characters of an inflamed sebaceous gland, and especially no central aperture indicative of the follicular opening; they are primarily solid (new) formations, and they tend to ulcerate and leave pits behind on their disappearance, unlike ordinary acne spots. I have seen many cases of these syphilitic tubercles or slight infiltrations about the nose which have been treated for a long time without any benefit because their nature was not recognised; but if the fact of the disease beginning as a new formation be attended to, the observer will be at once put upon his guard against error, and many a patient will be saved from ugly ulceration and deformity of the ala of his nose by timely treatment.

X.—UNCONSCIOUS SCRATCHING.

I am convinced that sufficient attention is not paid to the evil effects of scratching upon skin diseases which are accompanied by pruritus, and especially by such as may be termed unconscious scratching—i. e., that which is practised during the night. To the case of old people suffering from pruriginous affections these remarks particularly apply. I was recently consulted by a gentleman in his fifty-eighth year, who had been greatly distressed and worried by an attack of cutaneous pruritus, for which he had failed to get relief, and which he aggravated greatly by savagely excoriating the skin with the nails, thereby inducing a crop of what is known as pruriginous papules (inflamed follicles and papillæ in a state of excoriation). The cause of his malady was over-work and want of fresh air no doubt; this, however, is not the point I want to notice, but the effect of scratching during sleep practised perfectly unconsciously upon himself. He told me that his mornings were miserable on account of the burning and soreness he felt in his skin. He imagined that he had exacerbations of his disease in the mornings; but I observed that each morning the skin appeared to be more than usually excoriated, and on requesting his wife to watch his doings at night, it appeared that he was in the habit of almost continuously scratching himself in various parts of the body when in sound sleep. He had no idea that he habitually so scratched his skin; but attributed the ill effects of the scratching to an aggravation, natural as it were, of the disease. The disease in his case was speedily cured, though it had lasted some time, by anointing the body with simple oil, and tying the hands in gloves, so that the nails could inflict no injury upon the skin when he was not watched in the night. The case illustrates the importance of attending to "little matters" in the treatment of skin diseases, and especially in regard to scratching.

XI.—SYPHILITIC PEMPHIGUS IN AN ADULT.

As instances of syphilitic pemphigus are "few and far between" in private practice, the narration of the following case, which came under my observation in March, 1873, will be followed with interest.

The patient was a gentleman aged twenty-five, sent to me by his medical man from the country. He informed me that he had "had a great deal of worry and trouble of late," and had suffered much from "migrain." The disease for which I was immediately consulted attacked him first in October, 1870, about the hands and feet, and the interior of the mouth was so badly affected that he "could not eat anything," and the patient added that "the throat was awfully bad." He had been attacked by seven outbreaks in all, including the one I saw. The outbreaks kept him in bed for a fortnight, and left him in a very weak and depressed condition. When any outbreak was severe, the patient suffered from intense headache during its height for about twenty-four hours. He had been subject to neuralgic pains, and occasionally to rheumatic pains. He had been very low-spirited. The body had never been attacked by the eruption; the penis, however, had suffered of late.

The last attack began on March 6th by a little speck on the centre of each hand, the patient being very low and weak. The lip became sore on its outside and "broken." On March 8th another spot appeared on the thumb. On the 11th other spots had appeared about the fingers, and the first which came had assumed the aspect of little bullæ; the gums had also become tender, and the spots on the 14th had reached the size of a large split-pea. On the 15th the patient felt so weak that he had to go to bed; the throat got very sore and the bullæ filled with bloody fluid and looked like black grapes. The feet now became affected. On March 20th the patient was still in bed; headache came on and lasted all day, and the man suffered from great pain in the limbs and febrile disturbance. He got up on the 24th of March (eighteenth day of disease) for the first time since he took to bed. When I saw the patient on March 28th—that is, the twenty-second day of the attack—there were about sixteen bullæ on each hand, of various sizes and different stages of evolution, some being much indurated at their bases and some freely coated over; and about ten on each foot. The patient's tongue exhibited white patches and fissures on the sides, and there was also evidence of syphilitic ulceration about the throat on each side. His wife was confined of her first child in February, five weeks before her expected time, and the child only lived two days.

Remarks.—I base my diagnosis of syphilis upon the general state of the patient, which showed that he was to some extent cachectic; upon the frequency of the attacks of headache; the occurrence of rheumatic and neuralgic pains, especially about the head; the evidence of syphilitic mischief in the throat and about the tongue; the seat of the bullous eruption—viz., the soles of the feet and the palms of the hands; the indolent character of the eruption—viz., the slow development of the bullæ, their tardy progress, the presence of sanious contents, and particularly the induration left behind by them; upon the premature confinement of the wife with what was practically a still-born child; and, lastly, the effect of anti-syphilitic treatment in relieving the patient.

ON THE CALIBRE OF MALE URETHRÆ.

BY FESSENDEN N. OTIS, M.D.

THROUGH my friend Prof. F. J. Bumstead my attention was called to a note of inquiry in THE LANCET of Jan. 3rd, 1874, signed "Calculus." The question proposed involves a consideration of the possible size of male urethræ. In the case cited two calculi were removed through the urethra, without incision, each weighing 11½ grains and measuring 1½ in. in their largest circumference and 1¼ in. in their smallest.

I have in my possession a mulberry calculus (oxalate of lime) measuring 1½ in. in its largest circumference and 1⅛ in. in its smallest, and weighing just 12 grains. This was passed by a patient of mine some time since, per urethram, without the aid of forceps and with but little inconvenience to the patient. The size of these calculi, when compared with the average calibre of the normal urethra, as taught by the English and French schools, is certainly enormous. Sir Henry Thompson* says, "Our gauge runs from No. 1 to 12 (12 representing 21 French millimetres in circumference, 1 inch English measure); the French from 1 millimetre in circumference to 30 (Charrière filière)." The highest figure is then to be accepted as the extreme probable limit of normal urethræ. The average normal urethral calibre is stated by Sir Henry Thompson to be between 12 and 15 of the English scale, which corresponds to 22 and 26 of the French. The French estimate is 21.

From the careful observation of several hundred urethræ in living subjects, I am sure that I do not err in stating

* Clinical Lectures on the Genito-Urinary Organs, London, 1869, p. 62.

the average urethral calibre as at least 19 of the English scale or 30 of the French, and that the occurrence of urethræ from 18 to 22 E., or 30 F. to 36 F., would not prove rare if examinations were made with suitable instruments.

Some time since (from having no means of measuring urethræ which I occasionally met over 30 mm. in circumference) I had a gauge constructed by Tiemann and Co., which ran as high as 36 mm., with bulbous sounds to correspond.

On the 30th of December, 1873, I invited Professor Bumstead to examine with me the urethra of a gentleman with an apparently normal genital apparatus. The length of the flaccid penis was 3 in., circumference 3¼ in. Nos. 32, 33, and 34 (Charrière filière) bulbous sounds were successively introduced and withdrawn by both Prof. Bumstead and myself without force, and with not the slightest discomfort to the patient. With the same ease I afterwards introduced a 34 F. solid steel sound through the urethra into the bladder. No. 34 F. represents 1½ in. in circumference.

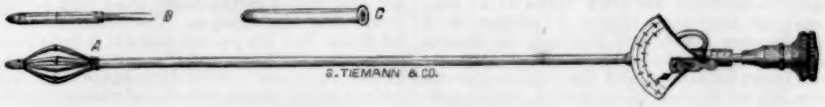
Jan. 10th, 1874, Prof. Thomas M. Markoe and Dr. Gurdon Buck examined with me the urethra of a patient who had not been the subject of dilatation, but who had been operated on with the (my) dilating urethrotome some weeks previously for three strictures, one close to the meatus (¼ in.), and two within an inch and a half, defined with 24 F. metallic bulbous sounds. The size of the penis in this case was 4 in. in length and 4 in. in circumference. The examination was commenced with No. 34 bulbous sound, which was passed down to the membranous urethra and withdrawn by each of the above-named distinguished surgeons without force or discomfort to the patient. No. 36 was then introduced with equal ease, and withdrawn without detecting any obstruction. I then introduced 40 F. (*just 1¾ in. in circumference*), and demonstrated it to be not above the normal capacity of the presenting urethra.

It is not more than three months since I had the numbers of my urethral gauge increased to 36, and had bulbous sounds made to correspond. By an error of the cutlers (Tiemann and Co.) a single bulb was made 40 millimetres in circumference.

I have now eight cases recorded of a urethral calibre of 34 F., two of 36, and one of 40. The statement by authorities that the normal urethra is narrowest at the meatus, and that any instrument passing this point should, if no obstruction exist, pass readily through the length of the urethra, has led to the inference that it (the meatus) was a reliable guide in estimating the normal calibre of the canal. This idea it needs only a little practical observation to confute. It is common to find a fully developed penis, of even above the average size, with a meatus of 20, or less, of the French scale, and, on slitting it, to find a 30 or 31 steel sound slipping (by its own weight) through the urethra and into the bladder. The case cited where the calibre of the urethra proved to be 40 mm. in circumference originally presented a meatus contracted to 24. Heretofore we have had no means of ascertaining with any certainty the normal urethral calibre.

Dr. B. Wills Richardson, of Dublin, not long since presented an instrument which he calls the "stricture sound," intended for the measurement of strictures from behind forward. A description and sketch of this instrument (which he kindly sent me) suggested to me that an instrument of somewhat similar construction (also working from behind forward) might not only serve to determine *the locality and size of strictures*, but could also be made to determine, with some degree of exactness, *the normal urethral calibre* in any case, *independently of ordinary contraction of the meatus*. An instrument constructed for me by Messrs. Tiemann and Co., and which I have termed the "dilating bulbous sound," seems to answer the necessary requirements. It consists of a small straight canula (No. 8, F.) terminating in a series of short metallic arms, hinged upon the canula and upon each other. At the distal extremity where they unite, a fine rod, running through the canula, is inserted. This rod (which is worked by a stationary screw in the handle of the instrument), when retracted, expands the arms into a bulb-like framework 10 mm. in circumference when closed, and capable of expansion up to 40 mm. A thin rubber stall (Fig. c) drawn over the end of the closed instrument protects the urethra from injury, prevents access of secretions to the interior of the instrument when expanded, and completes the bulbous appearance of the dilating apparatus.

When this instrument is introduced into the urethra and expanded up to a point recognised by the patient as comfortably filling his urethra, the hand on the dial will indicate the calibre of the canal at the point occupied by the bulb;



moving this *gently* backwards and forwards, the tactile sense of the operator, by the aid of the screw at the handle, will give a fair knowledge of the capacity and condition of the presenting canal.

If this or a similar method is pursued in the examination of urethræ, it seems to me that the usually accepted *average* calibre of the normal male urethra will be greatly increased.

New York, Jan. 24th, 1874.

ON THE

NATURE OF MYCETOMA, OR THE FUNGUS DISEASE OF INDIA.

BY H. VANDYKE CARTER, M.D.,
H.M. INDIAN ARMY.

I PROPOSE to offer here a summary statement of the argument for the parasitic nature of this widespread and serious malady, so far as it may at the present time be urged; and I think that some of the remarks about to be made will serve to meet a few, at least, of the objections which many surgeons not unnaturally entertain towards adoption of the views which I first proposed and would still maintain.

The nature of the parasite is not now so much insisted upon as is its presence; and the question is especially considered whether such foreign organism is not the sole proximate cause of a tumour—often huge in size—of the foot or hand.

In the absence of perfectly decisive evidence on some points—not to mention the greater obscurity of one or two in particular,—the method of treating the subject under notice necessarily partakes of a cumulative character; and here, as in all analogical reasonings, it needs some close attention to carry on the series of proofs, which thus in order combined become, as it seems to me, fairly demonstrative.

Morphological evidence of the plant-nature of the parasite concerned in mycetoma I would reserve for another occasion.

That a very singular and serious affection of the foot and hand, widely prevalent in India, had hitherto been distinguished by various special names, is a circumstance sufficiently indicative of the peculiar character of the malady; and, I may add, also of its obscure relation to better known European diseases, to one or other of which, however, it has been commonly relegated by independent observers.

The following names occur in the bibliography of this Indian foot-disease:—"Morbus tuberculosis pedis; Madura foot; a tumour affecting the foot; diseased foot; the fungus disease of India (mycetoma); a peculiar disease (tubercular) of the foot; Godfrey and Eyre's tubercular disease; endemic degeneration of the bones of the foot; Morbus pedis entophyticus; Chionyphe Carteri, or fungus-foot," &c. Other terms have also been employed, as, originally, Ulcus grave; then, caries; hypertrophy with caries; pedelkoma, &c.; and an analogue has been sought in Nélaton's "affection singulière," or perforating ulcer of the foot.

Some of the indigenous or vernacular names of this

disease are the following:—Keerenagrah; Kirudeo; both implying the work of worms; Ghootloo Mahdeo, from a supposed resemblance of the pale, soft particles to the eggs of insects; the natives of India, as their congeners in the West, being fond of imagining "worms" in diseased parts the seat of gnawing pains, and as well of associating therewith satanic influence: Pincal; Anaycal; are other Dravidian terms for the same affection, or for others confounded with it.

I have said that all, or almost all, European surgeons visiting India agree that here is a peculiar malady, but in what respect this peculiarity consists there is not an agreement; only an attempt is generally made to identify the affection with a pathological form recognised in Europe. It should be mentioned, however, that a few surgeons have refrained from expressing an opinion regarding the nature of the foot disease, although well qualified to judge; thus Dr. Ballingall calls the complaint "a tumour affecting the foot;" and, again, the well-known denomination "Madura foot" had this advantage, that it was sufficiently distinctive without implying a guess as to the nature of the complaint: advancing acquaintance with the latter makes these reticences now needless.

I may, therefore, briefly consider some of the positive opinions indicated in the above list of names, before stating my own views.

First, then, is the foot disease of India simple *caries* of the tarsal or metatarsal bones, or, *mutatis mutandis*, of the hand bones? I answer, No; because it has neither the typical local nor common general characters of caries; and because it possesses a special feature in its attendant discharge of small organic particles, which caries in Europe has never been known to present for notice.

Next, is it correct to compare this localised Indian malady with *strumous* or *tubercular disease* of the bones or skin, such as is in general recognition in Europe? Are the pale, soft granules belonging to the former the same as "tubercles," or tubercular deposits, characteristic of the latter; and are the typical black granules often found only early forms of tubercles, or mere accidents, such as *blood-clots*, or a complication, as *melanosis*?

I must trust that it will not be needful to enumerate in detail the reasons which lead me to reply to all the above questions and the like with a decided negative. First, however, I may say that the *bones* of the foot and hand are not earliest implicated in the Eastern disease—that is, not necessarily so; for in numerous instances, perhaps oftenest, when seen at an early stage the superficial soft parts are alone found to be affected. And the anatomy of the disease does not support the view of tubercular or strumous destruction of the bones, as the basis of all its signs. What affection of the *skin*, then, shows small sinuses discharging peculiar granules or particles, such as we here find? or what can that affection be which, commencing in the skin, extends through the entire thickness of the foot, converting it into a globular mass; and yet having no other pathognomic sign, but very numerous openings, shedding a thin discharge, frequently if not at all times containing distinct particles comparable to small seeds, as of the poppy, or to clusters of the ova of fishes; or, if of black colour, and hard, comparable to grains of gunpowder, or black peas, &c.? And all the time the patient remains free from constitutional irritation, and in fair health; he is in appearance neither strumous nor syphilitic; he has no marks of similar disease or any disease in other parts of his body; none of his family are in like manner affected; and on the tumefied foot being amputated, his health, if depressed, quickly rallies. Examination being made of the excised member, a very peculiar tunneling, as it were, of the tissues is noticed, and an abundant growth of bodies like to, but of larger size than, those discharged at the terminations of the cavities and channels, lodging and isolating them while in the foot: and, besides, nothing more is seen except, perhaps, such swelling or degenerative change of the normal tissues as might naturally attend the prolonged presence, and constant advance, of a foreign body, within their midst.*

It has never been shown by minute investigation that pathological "tubercles" or tubercular deposits really exist, as a main feature of the foot disease, in either bone or soft parts; and their absence has been, on the other hand, repeatedly demonstrated. I remark that the articular surfaces of the bones of the foot have, in my experience, never been specially attacked; and they have been often seen to wholly escape.

I now turn for a brief space to the views put forth by a French surgeon resident on the east coast of the Indian peninsula, who had studied with care the local foot disease. Dr. Collas observes: "By the expression 'endemic degeneration' of the bones of the foot, I mean a localisation in one foot of a benign diathesis, which develops itself in a marked manner more frequently in men than in women, and is characterised by the production of a particular element, which, occupying the place of the bones of the foot, ends by inducing their destruction. I give it a name to prejudge nothing of its nature. ..... The secret will be revealed by the microscope." He considers the disease to be an alteration of the bones produced by a diathesis such as he supposes to belong to the myeloplastic formations generally. "It is impossible that this malady can be anything else than a tumour, of which the pathological element is made up of myeloplaxes, produced by a diathesis *sui generis* and by hypergenesis—i.e., in a proportion much exceeding that encountered in the substance of the bones in a normal state." Myeloplaxoma is the name of the material forming the tumour. Dr. Collas makes the following remarks on the microscopic appearances connected with the disease; and the absence of "myeloid cells," as they are commonly recognised, is (as it seems to me) peculiarly against his own views, while the structure actually described is not inconsistent with my own observations of the black fungus particles. "There is no pus in the discharge (from the sinuses), which has peculiar characters, and is thin, watery, fetid, gelatinous.....it may contain granular matter, fibro-plastic cells of great length, oil-globules, and a great number of little bodies of blackish- or reddish-brown colour, having an irregular, triangular form, which in the clearer parts seem to be formed of small cells, transparent and unaffected by water, acetic acid, ether, sulphuric acid; and, lastly, small rounded, nucleated cells, which ammonia appeared to make more distinct, but which I have not yet completely studied."

I do not think it will be necessary to follow Dr. Collas further, because the same objections apply to his views as to those last considered. Thus, the *bones* of the foot are *not* necessarily first affected; and as to the presence of myeloplastic cells, the author does not describe them, but another structure; and, in fact, no evidence of their abundance is forthcoming. I have myself seen and figured myeloid cells in the foot of a young man; but here they were obviously mere accidents, and doubtless sprang from the endosteum of the attacked tarsal bones, whose cancellous tissue was laid bare by pressure of the advancing parasitic growth. It is to me as singular as possible that a careful observer could venture on an hypothesis like the above, while so many facts oppose such view; and where, I may ask, are the sinuses and peculiar discharge of myeloid tumours?

That Nélaton's disease of the bones of the foot, or, indeed, any form of caries or necrosis known in Europe to attack the upper or lower extremity, could be confounded with mycetoma, is no longer a possibility, and I trust the present remarks will aid in dispelling any lingering doubts regarding this subject.

I pass on to discuss the opinion that here is a malady truly parasitic on a part of the human body.

It is well known that Dr. Ballingall compared the new

* An experienced observer, and one whose opinion carries weight, has very recently stated: "I certainly have seen cases of disease of the foot involving both soft tissues and bones, and presenting all the destruction of tissues noticed in the fungus disease, without either black material, red specks, or white granules. In the absence of such distinctive marks, the cases have been noted as 'scrofulous.' Another question therefore arises: is this so-called fungus disease simply a scrofulous affection to which, from externally, some fungus element has been added?" (Dr. W. J. Moore, in the Indian Medical Gazette, Nov., 1869.) In this place it is right I should state, that not one case which presented all the characters of mycetoma *excepting* the typical forms of discharge, in some or other of its varieties, has ever been seen by me. I am therefore compelled to suppose that in these instances of the disease above referred to, there had occurred the rare event of expulsion of the entire parasitic growth; and should indeed rejoice to learn that such occurrence was even possible. Surgeons having full notes and complete history of cases of fungus disease in which the parasitic element was wanting, would impart a singular benefit to surgical science by making all the details public; only there must be eliminated all likelihood of error in diagnosis. Unless such cases are positively known, doubts as to the true nature of mycetoma appear to me to be at least premature; and of even such instances the explanation suggested may be temporarily advanced.

growth to a parasite; and the remark was, in my opinion, a very sagacious one, because there was no direct evidence in his possession of such view, beyond the general features of the affection; and Dr. Ballingall had not seen the particles which *par eminence* are clearly of fungus-structure. A similar remark applies to Dr. Bidie's very interesting article, but I do not think, from the observations alone recorded therein, the author could maintain the accuracy of the name "morbus entophyticus."

The manner in which my own views were formed is briefly as follows:—In October, 1859, I examined an amputated foot immediately after operation, and found the clearest possible evidence of the true fungus-structure of the *black* particles now well enough known. This observation has been invariably confirmed within my experience.*

Now immediately afterwards—viz., in November, 1859, I examined before and after amputation a diseased foot; and I found in it, and in the discharge from the openings on its surface, numerous minute *pale* particles, which also presented a decided fungus-structure. The appearances were universally recognised by the members of the Medical and Physical Society, who, at a subsequent meeting held in the Grant College, examined my specimens. Hitherto, however, as far as I have heard, no one else has been similarly successful; and as my later sphere of observation was, as regards this disease, very limited, no other like case has come before me. The discovery is still valid; and it is a main basis of my views, because in affections of the foot altogether like that of this woman I find particles of similar character, although not having a distinct fungus-structure. The *status quo* is, therefore, this: in two diseases presenting many similar local characters, but differing as to the minute structure of one of their elements in the following way—namely, that in one case a distinct fungus-structure is present, and in the other only a seemingly obscure structure (which is not like anything hitherto observed)—what is the fittest conclusion that may be drawn respecting the connexion of these two affections, and respecting their common nature, should it be decided that they are alike? The patient who furnished me with positive evidence had a foot diseased as usual; she came from Gogo, which is a town in a district known to be infested with the common foot disease; and what valid objection there can be to regarding the instance as a typical one I cannot surmise. Yet, if this inference be tenable, the conclusion becomes inevitable, that in this instance the characteristic particles were seen a certain stage either before or after they assume their more doubtful appearances, and on such basis my views partly rest. There remains only to add that ordinary pale particles found in this disease are very peculiar in their structure, being comparable to no known pathological product; and this negative feature I may, if I choose, take to confirm these views; but in reality there are indications of positive value, and such as point to an organic and even fungous origin of these much-debated bodies. Reference may be here made also to the circumstance that *chionyphe* has been seen to spring from these pale particles as well as from the black granules and other forms.

(To be concluded.)

* As the latest, and a very sufficient, confirmation of the main point to be here established, I may refer to the Pathological Transactions of London, vol. xxii., 1871, wherein Dr. Bristowe has described and figured the structure of the bodies termed in this work "sclerotia."

GASTROTOMY.

BY JAMES REOCH, M.A., M.B. EDIN.,
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HAVING occasion recently to establish a gastric fistula in several animals, I have thought that the result of my experience might throw some light on the surgical question of gastrotomy.

I first operated on a cat. The animal being chloroformed, and the hair removed, an incision was made to the left of the median line of the abdomen down to the peritoneum. The bleeding being stopped, a small opening was made into the cavity of the peritoneum, and polypus forceps introduced. I twice seized hold of something, which proved to be the left lobe of the liver, but on the third trial secured the stomach. Into this I inserted a needle four or five times, and attached it to the abdominal wall round the opening by silver wire. A small part of the stomach was then cut out, and the opening plugged by a small piece of sponge. The wound being dressed, the animal was put beside the fire for a few hours. The operation was performed under very disadvantageous circumstances. The cat was caught in a house into which it had been driven by hunger; it was, therefore, a skeleton to begin with. Moreover, I had no place in which to keep it except the dead-house, where there was a stone floor, no fireplace, and the weather was very cold, it being February. Notwithstanding this the animal lived for ten days; it quite recovered from the effects of the operation itself, but succumbed to the impossibility of retaining its food. The walls of a cat's chest and abdomen are so elastic and movable that I could not keep any dressing on the wound for more than a few minutes, nor could I keep in a tube, as I had expected, so that its food slowly drained away. Nothing abnormal was seen on dissection.

A second cat on which I operated died in about two days, doubtless from the wound and the cold weather; but I regret that I kept no account of the post-mortem examination.

A dog in which I next made a fistula lived for three days. I had given it a full meal about two hours before operating, according to the ordinary directions; but on securing the stomach, which was no easy matter when distended and covered with omentum, I found its walls intensely injected. I attached it in the usual way, and then opened it, and the next morning it was so far better as to follow the porter round the building; but it had pulled out the tube, and in reinserting it I found that the opening in the stomach did not quite correspond to that in the abdominal wall, as one of the sutures had become twisted, and thus the tube slipped into the peritoneum. The same happened next day; and, indeed, from the swelling of the parts, it was no easy matter, except by probing, to tell the stomachic from the peritoneal cavity. The animal gradually sank after this, and died in three days. The post-mortem examination showed that the coats of the stomach were gangrenous, and pus had infiltrated into the muscles of the chest wall, being unable to escape from the dressing, but there was no peritonitis. Death, however, though due to gangrene of the stomach walls, was no doubt accelerated by the subsequent operations necessary to reinsert the tube.

In the case of the next dog I was careful not to feed the animal before the operation, and therefore I found the walls of the stomach quite pale. I attached it in the usual way, and then opened it. The animal recovered in a day or two, and lived for some months in perfect health, until I had to kill it because I could not otherwise dispose of it.

The result of these experiments shows a mortality of 50 per cent. from the operation itself, but it must be remarked that they were all performed under very unfavourable circumstances. The animals had no fire all night, nor even during the day, except at first, and they were kept in a kind of cellar during spring weather, which was often as cold as winter; moreover they all tore off their dressings whenever possible, and were in other ways refractory. It appears to me, however, that they give some indications as to how the operation should be performed to ensure successful results. First, no food should be given for some hours previously, as not only is there less tendency to chloroform-sickness, but the coats of the stomach are much less vascular and therefore much less apt to inflame; moreover the stomach is covered with peritoneum, and therefore much more easily laid hold of when empty. Secondly, every bleeding point should be secured before opening the peritoneum. Thirdly, a small opening being made in the latter, polypus forceps should be introduced, because if the wrong organ be laid hold of little harm is done, whereas with artery forceps laceration would result. This is better than to make the opening larger, as this diminishes the tension of the abdominal walls. Lastly, the stomach should be attached to the abdominal wall by several sutures before it is opened, and then as small an incision made into it as possible, because the tension of the muscular coat is considerable, and when it is divided it tends to curl up with the serous surface inwards, and thus it projects the mucous membrane out of the wound. Its great power in this respect is easily seen in any small piece of intestine preserved in chromic acid,

which curls it up so as to require some force to unrol it. This tendency is very annoying from the sensitiveness of the mucous surface to dressings, and its proneness to bleed on the slightest irritation.

The application of these results to surgery is evident, for they appear to me completely to justify gastrotomy in the human subject. About fifty years ago a juggler in Carlisle swallowed a carving-knife with the handle downwards. One doctor proposed to give him large quantities of dilute acids, and another suggested to hold him head downwards, and extract the knife if possible by the point; and this is all that medical art could say or do to alleviate the patient's sufferings, for in a short time he died a miserable death. Similar cases have been recorded, notably by the Paris correspondent of THE LANCET, at the present time in *l'homme à la fourchette*, though that is a much less dangerous case. In intestinal obstruction and suchlike cases, an analogous operation has been suggested and sometimes carried out, but it is seldom or never heard of now, though, I am persuaded, without just cause. I have myself seen a surgeon open a hepatic abscess with a finger-knife, and another attempt to puncture the cæcum with a trocar, and let out some gas which he thought was distending the colon, but the post-mortem revealed nothing wrong with the colon. Under this system of reckless diagnosis and still more reckless treatment many valuable lives are lost, as the general practice is for the surgeon to wait till his patient is evidently at the point of death, and then to perform a serious operation to give him what he calls a chance, when in reality his chances have long been played out. But the system which I would advocate as the only rational one is that of experiments on animals. Let a number of these be taken and the operation performed with the precautions I have indicated, let the most favourable of these cases be selected and the points in which they agree connoted, and then a new set of cases can be operated on with attention to these new conditions. If this be done, I think the mortality of gastrotomy will be reduced much below 50 per cent., and that it will be found to compare favourably with ovariotomy. This is the only way in which the absolute risk of the operation can be known as abstracted from individual cases, for it is evidently unjust to blame the operation for a fatal result which might easily happen from the disease itself, or, at any rate, might be greatly accelerated by it. Such cases, though often made the subject of statistics, are destitute of any scientific value.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

POPLITEAL ANEURISM, CURED BY LIGATURE OF THE SUPERFICIAL FEMORAL ARTERY, AFTER FAILURE OF FLEXION AND COMPRESSION.

(Under the care of Mr. HENRY SMITH.)

THE following case—for the notes of which we are indebted to Mr. William Rose, surgical registrar—is another illustration of the success of the ligature after failure of flexion and compression. The respective merits of flexion, of compression, and of ligature for treatment of aneurism in the extremities may be regarded as still *sub lite*. Yet each of the methods has been attended by a large measure of success. It is not, however, the success that we have to consider so much as the failures. The most carefully conducted compression frequently fails to produce any improvement in cases in which subsequent ligature of the vessel by the Hunterian operation is eminently successful. The question to be determined, therefore, is whether any indications may be found for the adoption of one or other method of treatment. So far it must be confessed that we are often at a loss to explain the causes which operate to prevent or to retard the cure by compression. Equally ignorant are we of the conditions which lead to the success or the failure of subsequent ligature.

J. B——, aged fifty, a house-painter, was admitted on Jan. 17th, 1874. Three months before admission, while walking, he suddenly experienced severe pain at the back of the right knee, and this was obliged to obtain assistance to get home. He was laid up for a few days with pain and swelling of the knee-joint. Three months after this he noticed a swelling at the back of the right knee, and he then came to the hospital.

On admission, he was a pale, flabby-looking man, with slight commencing arcus senilis. There was a blue line round the margin of the gums. He has suffered on two occasions from subacute rheumatism. The whole of the right popliteal space was occupied by a tumour, presenting all the characteristics of an aneurism. The swelling, about the size of a cocoa-nut, was soft and compressible, the surface was regular, and the pulsation and bruit were both well marked. Very slight pressure on the femoral artery stopped the pulsation, but the sac-wall felt thin and was not disposed to contract, and seemed to be lined with but little coagulum. The patient complained of pain and occasional cramp in the calf of the right leg, loss of power in the limb, together with stiffness of the knee-joint. There was slight effusion into the right knee-joint, the superficial veins over which were distended. Œdema of the limb occurred when the patient stood up for any length of time, but this disappeared when he had been in bed a few hours. Pulsation of the tibial arteries was equal on both sides, and the superficial arteries felt healthy. The heart-sounds distant but healthy; lungs emphysematous; urine acid, with a slight trace of albumen. The circumference of the right knee, taken over the centre of the patella, measured four inches more than that of the left at the same level. There was no history of syphilis.

Treatment by extreme flexion of the leg on the thigh, and the latter on the pelvis, was commenced on Jan. 20th. At the end of seven days the pulsation had somewhat diminished, but as the patient complained of pain in the aneurism and down the leg, pressure by means of a Signoroni's tourniquet on the superficial femoral was substituted. The instrumental pressure caused great pain; he could not bear it for more than five hours at a time. After a few days, however, with the assistance of opiates, he sustained the pressure better. He was placed on a mild, unstimulating diet, and was ordered iodide of potassium in five-grain doses three times a day.

On Feb. 16th considerable œdema of the leg occurred, and the tourniquet was left off and the leg bandaged. After a few days, the limb having recovered itself, the tourniquet was reapplied, and the patient, who was possessed of more than ordinary intelligence, was allowed to regulate the pressure himself.

On March 7th the aneurism showed evident signs of extending down towards the calf, and on March 18th it felt much softer and threatened to become diffused.

Seeing that the disease was extending and that the patient's health was beginning to suffer, Mr. Smith decided to place a ligature on the superficial femoral. Accordingly, on March 21st the patient was brought into the theatre and placed under the influence of chloroform. The artery was reached by an incision three inches in length. The saphena vein, being more external than usual, lay in the line of incision, and had to be turned aside. Another small vein was seen crossing over the sheath of the artery, and had to be carefully avoided. The armed needle was then easily passed round the vessel and the ligature drawn tight. Pulsation was immediately arrested in the tumour, and the patient complained of numbness and coldness of the extremity. The limb, however, soon recovered its natural temperature, being well covered in cotton-wool and flannel bandage.

After the operation the patient made steady progress; the wound in the thigh healed rapidly, except along the track of the ligature. On the seventeenth day from the operation the ligature came away. There has been no return of pulsation in the sac, which is much harder and has slowly decreased in size, being now one-half what it

was before the operation. There is faint pulsation in the right posterior tibial. The urine is now free from albumen. The patient's general health is greatly improved; he gets up daily and walks about the ward, and will leave the hospital in a few days.

THE HOSPITAL FOR WOMEN, SOHO SQUARE.

CASES OF OVARIOTOMY.

THE following record is continued from page 13:—

CASE 15. *Multilocular ovarian tumour; operation; recovery.* E. K——, aged seventeen years, unmarried, was admitted under Dr. Alfred Meadows on November 7th, 1873, complaining of abdominal swelling and pain in the right groin. She has always had good health till her present illness came on. The catamenia first appeared at twelve years of age, and were quite normal till her present illness, which commenced last June with an acute pain in the right groin, general constitutional disturbance, and sickness. The patient was so seriously ill as to have to stay in bed for a month. She then improved and got about again. The enlargement of her abdomen was not noticed till her medical attendant, in June, called her attention to it, and she does not think it is larger now than it was then. Lately she has had more pain on the right side during her periods. Urine acid, sp. gr. 1034, no albumen, slight deposit of lithates.

On examination, the abdomen was found distended by a globular tumour, reaching upwards to the umbilicus, dull on percussion, movable, but with very indistinct fluctuation; there was resonance in both flanks. By vaginal examination, the uterus was found pushed over completely to the right side, and felt normal in size; the uterine sound passed 2½ in. backwards. The tumour was not to be felt per vaginam, but on deep pressure the tumour could be pressed down to within the brim of the pelvis, and felt in front and to the left of the uterus. It felt somewhat firm and solid, and fluctuation was not transmitted to the mass in the vagina on percussing the tumour in the abdomen.

On the 15th of October (the period having ceased on the 12th) Dr. Meadows performed ovariotomy. On making an incision through the abdominal wall, and passing the finger on to the surface of the tumour, it was found to be adherent to a great extent to the peritoneum and to the omentum, some of the adhesions being very firm and evidently of long duration. The cysts were tapped and emptied, and the tumour withdrawn from the abdomen, some difficulty and delay being caused by the adhesions. These were carefully separated, and all bleeding stopped, and the pedicle, which was short, was transfixed and tied with whipcord. The peritoneal cavity was then sponged out, and the pedicle, with its ligature, dropped into the cavity of the pelvis; the wound was brought together with silk sutures, dressed with lint soaked in carbolised oil, covered with oil-silk, and supported with broad strips of plaster, cotton wool and an abdominal belt being placed over all.

After the operation the patient had much pain in the abdomen, which was relieved by hypodermic injections of morphia (one-sixth of a grain), but it continued to trouble her more or less the first four or five days after the operation. Her temperature was never very high, the highest being 101·2° F. on the second day, the pulse being 108 and of good strength. On the 18th, the third day, the temperature was noted twice to be 101°, but afterwards was never above 100°, the pulse being below 100, and getting down to 80 on the 20th, the fifth day after the operation. The stitches were removed on the 21st, six days after the operation; and, with the exception of occasional severe pain on micturition, and of pains in the abdomen, the patient did quite well and was discharged on Dec. 6th, 1873, having quite recovered from the operation.

The cyst was found to weigh six ounces, and contained about five pints of dark-brown viscid fluid.

CASE 16. *Ovarian tumour; operation; recovery.* — Mrs. W——, aged fifty, was admitted, under Dr. Heywood Smith, on Nov. 13th, 1873. She had been married thirty-one years, and had had two children, the last pregnancy seven years ago. Menstruation commenced at fifteen years of age and ceased at forty-nine, and was always normal. She complained of enlargement of the stomach and general weakness. First noticed the enlargement two years ago, not more on one side than the other. It gradually grew larger, and she was tapped three months ago by Mr. Hutchinson, who said it was an ovarian tumour.

On admission the abdomen was found uniformly distended by a soft, elastic, and distinctly fluctuating swelling, which reached nearly up to the ensiform cartilage, and at the umbilical level measured 32½ in.; it was dull on percussion all over the surface with resonance in both flanks. By vaginal examination the uterus was found situated towards the sacrum, slightly anteverted; os and cervix small, fairly movable. Uterine sound passed 2½ in. Urine acid, straw-coloured; no albumen, no deposit.

On Nov. 15th Dr. Heywood Smith performed ovariotomy. The abdominal incision was made, and the cyst tapped with the trocar and the fluid drawn off, rather clouded and straw-coloured. The cyst was then drawn out, and the pedicle clamped with Spencer Wells's clamp and the cyst cut away. The wound was then brought together with thick catgut ligatures, except two silver sutures at the top of the wound. The dressing was gauze soaked in carbolic acid and oiled silk over it. The abdomen was strapped all over, and cotton-wool and a bandage applied.

The patient did very well after the operation. The same night the temperature was 104° F.; but the morning after had fallen to 100°, in the evening 100·4°, and after this never went up to 100° again. She passed much wind per mouth and rectum, took her nourishment well, had very little sickness, and not much pain, which was easily relieved by opium enemas. There was some little trouble with her water, and also a little constipation. Two of the catgut ligatures sloughed away on the 23rd of November; the other on the 25th. There was some discharge from the lower part of the wound, which stopped very soon after recovery on the 27th, the stump of the pedicle being dressed with carbolic-acid lotion. She rapidly recovered, and was able to leave the hospital well on Dec. 13th, one month after the operation.

ST. THOMAS'S HOSPITAL.

DISLOCATION OF ODONTOID PROCESS FROM CARIES; SUDDEN DEATH.

FOR the notes of the following rare and interesting case, and the remarks appended thereto, we are indebted to Mr. Samuel Osborn, surgical registrar.

The patient was a hairdresser, aged fifteen. About Christmas time he first noticed a stiffness of his neck, which was apparently relieved by friction with ammonia and oil. One month ago the stiffness returned in his neck, and he again used some liniment. The stiffness never entirely disappeared. It hurt him to throw his head back, and when he turned his head it seemed to shake his limbs, and when wanting to pick up anything he would sit down, instead of stooping in the usual manner. It was noticed that whenever he was not at work he would sit in a corner of the room, supporting his head against a jack-towel suspended from the wall. He never complained of great pain until the last three weeks, and then only when he bent his head forwards; but the pain increased during the last fortnight, so that he applied at the hospital on June 2nd, but he was not then admitted, his case not being considered sufficiently urgent. After this he got worse, and complained more, and stated that when he bent his head forwards it caused a severe pain all down his back; he also complained of headache, and fancied his head was swelling. The pain in the neck increased in severity, the stiffness became more decided, and the lymphatic glands became enlarged, so that he applied again to the hospital on June 9th and obtained a letter of admittance. When seen in the out-patient room, numerous glands were found to be enlarged on the left side of his neck, but these were ascribed to pediculi found in his head, and to his being slightly out of health. He was ordered to have his hair cut short, and to apply a lotion of bichloride of mercury, two grains to the ounce.

The symptoms detailed above referring to the head and neck were elicited from his friends after death. On arriving home he appeared quite cheerful, and ate a good hearty meal. In the afternoon, when the liniment was being rubbed into his neck and his head was bent to the right side, he screamed terribly, and a little later, about three hours after returning from the hospital, he complained of a

numbness in his left hand, which he was unable to lift. His friends rubbed his arm with dry mustard, and it appeared to get better. About 8 P.M. his legs became numbed, and the numbness in the arms appeared to get worse; he said it felt like pins and needles. At 10 P.M. he appeared to have a difficulty in breathing, and was obliged to be undressed and carried to bed. At 3 A.M. on the 10th his mother went in to see him, and gave him some cold tea. He then complained of the numbness in his arms and legs, and when, at 6 A.M., she again went in to dress him, he appeared cheerful, and was desirous of getting up; but he appeared to have a difficulty in breathing. She gave him his medicine, and almost immediately afterwards he went into a kind of fit, and became blue about the face and lips. They sent for the nearest surgeon, who ordered his immediate removal to the hospital, directing his friends to take the medicine with him, believing him to have been poisoned. He was removed to the hospital, and on his arrival, at 7.30 A.M., was found to be dead, with his head lying upon his chest.

At the post-mortem examination, on the body being opened, all the internal viscera were found to be quite healthy; and, on opening the skull, the brain was also found perfectly healthy; but, on close inspection of the interior of the skull, the odontoid process of the axis was found filling up the foramen magnum, having ruptured the check and the transverse ligaments, perforating the meninges of the cord, and pressing upon the spinal medulla. The lower part of the medulla oblongata at the seat of pressure was softened and pulpy, and a collection of matter had found its way between the membranes and the cord. The occipito-atloid articulation of the left side was carious and entirely disorganised, and occupied by an abscess cavity, which had probably burst at the point where the odontoid process had perforated the dura mater. The posterior part of the anterior arch of the axis, as well as the anterior edge of the foramen magnum, were also carious.

The above case, which resembles one recorded at p. 160 of Mr. Le Gros Clark's book on Diagnosis of Visceral Lesions, presents many points of interest in the obscurity of the symptoms, in the rarity of the disease, and also in showing the importance of opening the skull in all post-mortems. Although this happened to have been done in this instance, the chance of the cause of death being overlooked was great, for on the head dropping backwards no sign of anything amiss could be detected; it was only on bending the head forwards that the odontoid process came into view, and death must have occurred whilst the head was in this position.

MACCLESFIELD GENERAL INFIRMARY.

CASE OF CARCINOMA IN A CHILD.

(Under the care of Mr. J. P. ALLWOOD.)

THE following case is interesting in several particulars, but chiefly on account of the age of the child, the comparatively long duration of the disease, the health being good for several months, and the wide extent of distribution of the morbid growth.

W. G——, aged one year and eight months, was admitted in August, 1873, with a tumour in the right abdominal region. The mother stated that she first noticed a slight swelling about two months before admission. The child was fairly nourished, and apparently in good health. The tumour, or tumours, appeared as a slight elevation over the anterior margin of the liver, with another small swelling about two inches lower down. As there was some doubt as to the nature of the disease, the swellings were punctured with a small trocar connected with the pneumatic aspirator, but without any other result than the escape of a few drops of blood. The punctures did not affect the child's health in any way. He remained in the infirmary till Nov. 20th, and gained flesh during that time. The tumours had increased somewhat in size, and they were punctured again with the same result as before.

On the 27th of December he was readmitted, greatly emaciated, and the tumours much enlarged. Had incontinence of urine at times, but the urine was healthy. The upper tumour was again punctured, as there was some indistinct feeling of fluctuation, but the result was as before.

His mother took him out of the infirmary on Jan. 14th, and from that time he was kept under observation as an out-patient. The tumours now rapidly increased in size. He was reduced almost to a skeleton; had complete incontinence of urine and a distressing cough; and died on the 21st April, 1874.

Autopsy.—In place of the right kidney, a large mass of encephaloid cancer, which formed the bulk of the tumour, was found, the size of a fœtal head. The pelvis of the kidney only could be defined as the remains of any normal structure. Large masses of cancer were found in the liver and pancreas, and both lungs were studded with nodules of the same. The left kidney was healthy, but greatly hypertrophied.

The case was a little perplexing in the early stage, as the child's health remained good for a long period of the disease. As there was some obscurity as to the parentage on the father's side, no correct family history could be gathered, but the mother was a healthy young woman of twenty-four, and the grandmother (on the mother's side) was also healthy, and stated that there had been no cases of cancer in her family nor in that of her husband.

Reviews and Notices of Books.

A Treatise on the Diseases of the Ear. By Dr. D. B. ST. JOHN ROOSA, Professor of Diseases of the Eye and Ear in the University City of New York, &c. Illustrated with wood engravings and chromo-lithographs. pp. 535. New York: William Wood and Co. 1873.

A Clinical Manual of the Diseases of the Ear. By LAWRENCE TURNBULL, M.D., Physician to the Department of Diseases of the Eye and Ear of Howard Hospital of Philadelphia, &c. With a coloured lithographic plate, and over one hundred illustrations on wood. pp. 486. Philadelphia: J. B. Lippincott and Co. London: Trübner and Co. 1872.

Lectures on Aural Catarrh. By the late PETER ALLEN, M.D., Aural Surgeon to, and Lecturer on Aural Surgery at, St. Mary's Hospital. Second Edition, Revised and Enlarged. pp. 383. London: J. and A. Churchill. 1874.

Lectures on Diseases and Injuries of the Ear. By W. B. DALBY, F.R.C.S., Aural Surgeon to St. George's Hospital. With illustrations. pp. 221. London: J. and A. Churchill. 1873.

The Questions of Aural Surgery. By JAMES HINTON, Aural Surgeon to Guy's Hospital. pp. 304. London: Henry S. King and Co. 1874.

Atlas of the Membrana Tympani, with Descriptive Text; being Illustrations of Diseases of the Ear. By JAMES HINTON. 125 drawings, coloured by hand. London: Henry S. King and Co. 1874.

The Causes and Treatment of Deafness. With illustrations. By JAMES KEENE, F.R.C.S., Assistant-Surgeon to the Central London Ophthalmic Hospital. pp. 180. London: Robert Hardwicke. 1873.

Deafness and Diseases of the Ear. With illustrations. By J. P. PENNEFATHER, L.K.Q.C.P., &c. pp. 172. London: Baillière, Tindall, and Cox. 1873.

[SECOND NOTICE.]

IT is with feelings of unmixed pleasure that we come to notice the recently published works of Mr. Hinton, who for many years past has been justly esteemed as at the head of English aural surgeons, and who is already known to the profession, by his Supplement to the late Mr. Toynbee's work on Diseases of the Ear and by his article on Diseases of the Ear in Holmes's "System of Surgery," as an able and accomplished writer. Qualifications such as these could not fail to make an author instructive and interesting; but there is yet another charm in Mr. Hinton's works. The author has wisely resisted the temptation to write a history of the literature of otology, but has honestly and fairly stated the powers of diagnosis and treatment. He has considered the questions of aural surgery which are capable of a useful and practical answer. It must not, however, be

supposed that Mr. Hinton has entirely avoided the region of hypothesis and speculation. He has, indeed, boldly grappled with some of the most intricate problems of physiological acoustics, and if he has not always made them quite subservient to the purposes of the pathologist and therapeutist, he has at least shown us in what direction we must pursue our investigations and where we must look for further information.

The work opens with some general observations on the anatomy and physiology of the ear, in which the author discusses with remarkable ingenuity the uses of the spiral form of the ear, and illustrates the opinions advanced by him in his paper on Physical Morphology published in the *British and Foreign Medico-Chirurgical Review*, 1858. In speaking of physiological acoustics, and the functions of the various parts of the auditory apparatus, Mr. Hinton has recorded the recent elaborate researches of Herschel, Helmholtz (which, by-the-bye, he always spells "Helmholz"), Lucæ, Politzer, Buck, Mach, Kessel, and others. The mechanism of the tympanic muscles and of the ossicles is considered in detail. No satisfactory explanation is, however, afforded of the conflicting opinions of Toynbee and Allen, on the one hand, and Helmholtz and Kessel on the other, concerning the functions of the stapedius muscle. Toynbee and Allen alleged that the muscle was especially employed in listening, or in adapting the ear to rapid changes in sound; but Helmholtz considers the stapedius muscle simply as a damper of sound, while Kessel "assigns to it a strictly counteracting effect to that of the tensor tympani." Which of these statements is correct it is difficult, and at present perhaps presumptuous, to decide, but probably all of them may be made available in the explanation of diseases of this particular part of the ear.

Of the labyrinth Mr. Hinton abstains from speaking, notwithstanding the many minute investigations that have recently been made to determine its structure and functions. The uses of this organ must be regarded as undecided, especially since the report by Dr. Cassels, of Glasgow, of a case in which "the whole of the cochlea was removed" by caries "without loss of hearing or impairing the perception of transmitted tones of the diapason." In reference to the conflicting statements that have been made concerning the effects of section of the semicircular canals of the ear, Mr. Hinton concludes from the evidence of various experiments that the effects vary in different animals.

In the second chapter the diagnosis of diseases of the ear is considered with great minuteness. The diagnosis of an affection of the ear is based on three things—(1) an examination of the various parts of the organ, (2) tests applied to the function of the nerve, and (3) the history and general condition. For the examination of the membrana tympani reflected natural light is preferred. As tests of the hearing power Mr. Hinton uses the voice, the tuning-fork, and the watch. The great value of the tuning-fork in diagnosis is clearly set forth and abundantly illustrated. Mr. Hinton does not place the tuning-fork on the vertex, as is usually recommended, but prefers to apply it to the lower teeth. By this device the diagnostic value of the tuning-fork is greatly enhanced, as it is not at all uncommon to find persons with perfectly normal hearing power who are nevertheless unable to hear sounds transmitted through the vertex, or who hear them very faintly. But the tuning-fork is useful in inferential diagnosis. By its means it may often be determined whether the cause of impaired hearing lies in the meatus, the tympanum, the inner ear, or in the auditory nerve. Well-marked illustrations of all these conditions are given by Mr. Hinton.

The third chapter treats of diseases of the auricle and of the meatus. A most earnest and energetic protest is entered against the use of instruments for the removal of foreign bodies from the meatus. "Even to this day," says the author, "it remains the fact that ears are thus destroyed without a shadow of reason or excuse, and not by careless or incompetent persons alone. I believe it may be laid down that whenever an instrument will succeed, syringing would also succeed, and that when *proper* syringing will not succeed, all instruments are full of danger." The italics are ours. Many persons allege that they have succeeded in removing a foreign body by an instrument after failure of prolonged syringing, but the fact is that very few persons know how to syringe an ear properly. This may appear incredible, but those who are best able to judge will acknowledge that it is too true.

The chapter on the affections of the Eustachian tube is one of the best we are acquainted with. In addition to containing the most recent researches on the anatomy, mechanism, and uses of this organ, the chapter is full of information concerning the best method of diagnosing and of treating disease in this part of the auditory apparatus. It is, however, with surprise that we find Mr. Hinton recommending the use of laminaria bougies for the dilatation of the tube, especially as he cautions the reader to be careful in their withdrawal, lest the bougie should break. "Twice it has happened to me," says this gentleman, "to break a laminaria bougie in the tube." Surely once should have sufficed to convince Mr. Hinton that in hands less dexterous and skilful than his considerable damage might result from the employment of such an instrument.

In the next nine chapters the affections of the membrana tympani and of the tympanum are considered. It is in reading these chapters that the Atlas to which we shall presently refer becomes especially valuable, the various morbid conditions of the membrana tympani described in the work at present under consideration being beautifully and accurately illustrated in the Atlas. It is in these chapters also that Mr. Hinton shows himself to advantage. Here he speaks as one having authority, and, freeing himself from the trammels of crude theories, applies his powers to the consideration of practical details. In speaking of acute catarrh of the tympanum, he observes that though incision of the membrane is recommended by almost every writer, experience of this method has left a doubt upon his mind. He moreover records one case, and refers to others, in which, where both tympani have been affected, he has incised one membrane and left the other, without any apparent subsequent difference in the hearing power of the two sides. But the case is different where the tympanum becomes inflamed during the course of the exanthemata. In these cases early incisions will be found to afford beneficial results, and will do much towards the prevention of subsequent deafness, and, in young children, of deaf-mutism. Of incisions of the membrane in cases of accumulation of mucus or pus in cases of chronic disease of the tympanum, Mr. Hinton speaks with still greater confidence. So cogent are his arguments, and so convincing are his facts, that the first impression which the perusal of the chapter on this subject will make on the mind of any reader will be that incision of the tympanic membrane is not only a valuable means of treatment, but that it is a justifiable procedure in all doubtful cases. Both these it really is, considering the excellent results which Mr. Hinton has obtained in many cases, and considering also the comparative harmlessness of an incision into the membrane, and the difficulty in some instances of positively diagnosing old mucous accumulations within the tympanic cavity. Mr. Hinton, however, honestly adds that he has frequently failed, and has often injudiciously selected his cases. He believes, moreover, that in some rare instances he may have diminished, instead of increased,

the hearing by this procedure. But of such cases he has only heard of two, in both of which the hearing power diminished after the operation, but evidently not on account of it.

Nothing can be more opposed to the old *laisser faire* notions of the treatment of diseases of the middle ear than Mr. Hinton's plan of treating polypi. The polypus must be removed, and the tympanum thoroughly cleansed by means of lotions passed through it from within outwards, or from without inwards. The treatment must be local, and conducted on the same rational method as that for local diseases in other parts of the body.

Although the last chapter, which treats of nerve-deafness, contains all that is really known of this part of the subject, it is far from being satisfactory. The difficulty of diagnosing disease of the inner ear is very great, and the delicacy of the nervous structures in this part is such that small lesions are often sufficient to produce incurable deafness. Happily, however, the domain of nerve-deafness is being gradually diminished by recent improvements in diagnosis and treatment. Many persons who previously would have been pronounced incurably deaf are now recognised as suffering from affections more or less amenable to treatment. As our power increases, nerve-deafness will become less and less frequent.

In bringing this notice to a close, we feel that the Questions of Aural Surgery more than maintain the author's reputation as a careful clinician, a deep and accurate thinker, and a forcible and talented writer. We might find occasional opportunities for disagreeing with Mr. Hinton's dicta, but this has not been our object. We have desired rather to lay before our readers the rare merits of the work, and, in doing this, to advance the claims of modern otology.

Of Mr. Hinton's Atlas of the Membrana Tympani it is hardly necessary to say more than that it is by far the best and most accurate that has ever yet been published. The drawings are taken from actual specimens, and are all coloured by hand. Until the publication of this work, we regarded all attempts to illustrate the appearances of the membrana tympani in health and disease as practically useless. We must, however, confess to a change in our opinions. Mr. Hinton has indeed afforded to those who are fortunate enough to be able to possess a copy of his Atlas the practical advantages of an otological clinique. The necessarily high price of the work will preclude many from purchasing a copy, but those to whom "money is no object" may buy this Atlas as a work of art, even if they are not interested in it as the most valuable addition to the pathological illustrations of modern times.

The manner in which Mr. Keene has treated his subject differs somewhat from that of all the other authors. The work is divided into a general and special part. In the former are discussed the symptoms, diagnosis, and treatment of aural diseases generally, with a description of most of the apparatus used in the detection and treatment of affections of the ear. The second part deals with the special diseases of the ear, some of which are fairly well described. The work does not present any features worthy of particular notice.

Of Mr. Pennefather's book it is somewhat difficult to speak, for we hardly know whether to judge of it by its pretensions, or to estimate it only according to its merits. The author does not appear to us to have bestowed sufficient care on the selection and the arrangement of his material, for while some things are but incidentally mentioned, others are dwelt on with unnecessary detail. Though this book may be regarded as an addition to the literature of otology, it cannot be said to advance our knowledge of the diagnosis or the treatment of diseases of the ear.

Surgical Emergencies, together with the Emergencies attendant on Parturition and the Treatment of Poisoning. A Manual for the use of General Practitioners. By WILLIAM PAUL SWAIN, F.R.C.S., Surgeon to the Royal Albert Hospital, Devonport. London: J. and A. Churchill. 1874.

WE do not know that we can do better than borrow the author's language in describing this volume. He modestly declares that it pretends to be little more than a compilation from the best and most recent works on surgery; but it contains in reality more new, and a more judicious selection and arrangement of old, matter than many works of greater pretensions. The author's object was to meet what he believes to be a widespread want—viz., a small book containing directions for the immediate treatment of various emergencies, and his aim has been to condense the information as much as possible, consistent with precision and clearness in details. The book treats of injuries to the head, injuries to the eye (in the compilation of which the author received assistance from Mr. G. LAWSON), injuries to the mouth, pharynx, œsophagus, larynx and chest, upper and lower extremities, abdomen and pelvis, with a chapter on emergencies connected with parturition (in which he has been assisted by Dr. Alfred Meadows) and poisoning; a chapter on antiseptic treatment (written by Dr. Bishop at the request of Professor Lister); and, lastly, one on apparatus and dressing. The manual is copiously, and at the same time judiciously, illustrated, and the directions as to treatment are laid down clearly and well, without the least redundancy of style; and we have no hesitation in recommending it as a very practical and useful guide to which practitioners may have recourse when they desire to know on an emergency what to do and how to do it.

LEAD-POISONING.

THE following is a copy of a letter addressed to the Local Government Board by direction of the guardians of Mile-end Old Town on the subject of lead-poisoning through working at lead mills:—

Bancroft-road, Mile-end, London, E., 3rd July, 1874.

Sir,—I am directed by the board of guardians to draw your serious attention to the large number of persons constantly under treatment for "lead-poisoning" arising from their working in colour and white-lead factories, and also to the very prejudicial effects arising therefrom. There have, during the past twelve months, been twenty-one such patients under the care of the parish medical officers, ten of whom, being in a bad state, were admitted into the infirmary of the workhouse. It should be observed that the persons so affected whom the medical officers of this parish attend form a very small proportion of those who suffer from the effects of lead-poisoning so produced. The adjoining unions, the London Hospital, the dispensaries, and the medical profession generally, would readily testify to the large number of cases constantly under treatment. The effect of lead-poisoning, resulting as it does in paralysis, the entire loss of teeth, and other diseases, are so well known that it is unnecessary to do more than to refer thereto.

As there are several lead and colour factories at the East of London, where men and women are employed, my Board beg respectfully to suggest that these factories should be visited with a view of ascertaining whether machinery could not be substituted for manual labour in the manufacturing department, and, if found practicable, that a clause compelling the use of machinery be inserted in the Factory Bill now before Parliament.

Trusting that the importance of the subject will be a sufficient excuse for my Board urging the provision of some speedy remedy,

I have the honour to be, Sir, your obedient servant,

E. J. SOUTHWELL, Clerk.

To the Right Hon. G. Sclater-Booth, M.P.,
President of the Local Government Board, Whitehall.

THE LANCET.

LONDON: SATURDAY, JULY 11, 1874.

IF the General Medical Council is to escape a discussion of its own helplessness in the matter of Conjoint Boards and of the utterly discreditable position of this question in Ireland and Scotland, if not in England, it is not likely to be left without propositions which will serve to occupy the time of the Council—whether profitably or otherwise is another question. Sir DOMINIC CORRIGAN, relieved from parliamentary duties, is a free lance again, and, in the absence of Dr. ALEXANDER WOOD, probably feels more free than ever to act independently. It has been Sir DOMINIC'S habit to take a singular part—so singular that he has often been in a minority of one. But his happy belief in himself and in his own opinions has saved him from that sense of solitude or pain which ordinary men have when they can get nobody to agree with them.

If we are rightly informed, Sir DOMINIC is going to bring forward the draft of a proposed Bill to Amend the Medical Act. Sir DOMINIC, doubtless, still occupies his leisure hours with the mental drafting and discussion of Bills—an employment the pleasure of which none of us would begrudge him. We could the less find it in our hearts to deny Sir DOMINIC this pleasure so long as his Bills take such harmless shapes as the one with which he promises to entertain the Council for a time during its present meeting. The harmlessness of it, however, is the harmlessness of boldness. Some propositions are innocent from their very audacity; and this is the character of the proposals in the draft Bill of Sir DOMINIC, so far as we can at present judge. The Bill may be shortly described as a Bill to disqualify every medical practitioner on the Register; and to disqualify a large number of persons for registration who are now entitled to be registered, but who have not chosen to be registered. Bolder propositions, affecting more sweepingly the interests and the legal powers of the whole medical profession, could not be gravely put into type. Sir DOMINIC proposes in this Bill to, in future, prevent persons with one qualification from registering. We said last week that there are about five hundred persons on the Register with only the qualification of the Society of Apothecaries. There are notoriously hundreds more with other single qualifications. These, at one fell swoop, if not registered previously to the time of Sir DOMINIC'S Bill becoming an Act of Parliament, will be for ever debarred from registration and all the privileges attaching thereto. Then as to the wholesale disqualification of the profession which Sir DOMINIC proposes to enact: he proposes that after a certain date no person shall be entitled to hold any appointment in the public services, or in any public medical institution not wholly supported by voluntary contributions, or in a workhouse, or in a parish, unless he is not only registered, but, in addition to being registered, shall also be examined and declared competent by an *examining board* (to be created by the Bill), and entitled to append to his name on the Register the letters C.M.B., signifying Civil Medical Board! We have often suggested improvements in the present examining system, and sometimes we are considered harsh and unfair in our criticisms; but we have never gone to the cruel length of suggesting, as Sir DOMINIC does, that the present examining bodies are not to be trusted to examine a workhouse surgeon, and must be, not superseded be it observed, but supplemented by a new examining board. What can have induced Sir DOMINIC to make a proposal so humiliating at once to the profession and to the examining bodies? Have the new visitors of examinations made any startling discoveries of the inefficiency of the portals of the profession? Even this would not justify the Bill of Sir DOMINIC. We can only wait with what patience we may to know whether we are to continue to be qualified medical practitioners, or whether we all have to neglect our patients for a while and grind up to the elevation of the letters C.M.B.!

Another important motion is to come before the Council from Dr. AQUILLA SMITH, proposing elaborate arrangements for a new Pharmacopœia in 1877; but this is such a slight affair compared with the revolutionary measure of Sir DOMINIC that we really cannot descend to any further notice of it at present.

OF the disastrous effects of drunkenness we have evidence on every side. The attempt to limit the hours during which intoxicating liquors were saleable had much to do with the downfall of the late Government—so powerful was the publican interest which it sought to curtail. The new Ministry cannot be called one whit more successful in its endeavours to deal with the liquor question; indeed Mr. CROSS has rather fallen away from than followed up the legislation of Lord ABERDARE, whose measure, defective as it was, and much condemned as it has been, has undoubtedly had the effect of reducing the returns of disorder and violence by night. The FORBES MACKENZIE Act in Scotland has been similarly beneficial; while these comparatively feeble attempts at putting down our greatest national evil have had their more energetic counterpart in the "Whisky War," just brought to a slightly inept conclusion on the other side of the Atlantic.

Laudable as recent legislative enactment against drunkenness has been, it cannot be said to touch the heart of the question or lay the axe at the root of the moral upas-tree. The late Mr. DALRYMPLE also, though undoubtedly with much argument in his favour, struggled chiefly in the direction of "cure," and aimed little at "prevention." To establish an institution in which, independently of and distinct from a Lunacy Law, Commissioners in Lunacy, or lunatic asylums, persons afflicted with inveterate habits of drunkenness might voluntarily, or at the instance of friends, be accommodated and undergo treatment, was a scheme which had much to recommend it, and indeed met with the unanimous approval of the Select Committee of the House of Commons appointed to consider it. We hope, though we do not expect, to see it soon carried out, as, undeniably, it would meet many an otherwise intractable case, and, while protecting the patient from himself, would relieve his friends

and fortune, for a time at least, from the disgrace and ruin he would bring upon both. Still, this is not the true direction in which the crusade against drunkenness should expend its chief energies. If ever there was a case in which preventive medicine has indicated, at least, its efficacy, it is in the comparative disappearance of intemperance from the upper classes. "Sixty years since," it was rather a merit, as being a sign of manliness, to tarry late over the wine-cup, and even to roll with unsteady gait into the drawing-room—to prepare, by a little *divertissement* with the ladies, for a resumption of the debauch at midnight. *Nous avons changé tout cela.* Education—the wider diffusion of scientific, literary, and artistic tastes—above all, the improvement in the culture and social influence of women, have done their work. The man who would now repeat in society what his grandfather might have boasted of doing would incur social ostracism, and be driven to gratify his grosser propensities in circles inferior to that in which he moved. What has reclaimed the "upper ten" to habits of temperance will also reclaim the million. Educate them. Imbue them with refined tastes and provide them with intellectual enjoyments. Teach them the beauty, nay the sanctity of their organisms, and make them the intelligent and loyal custodians of their own health, and nine-tenths of the agitation against the liquor traffic will subside, as unnecessary, by the failure in the demand.

Yet while this is as true as any other established conclusion in preventive medicine, a new danger has sprung up among the more favoured classes themselves, tending strongly to undo the reform which has been attained, and to cause a relapse to the old indulgence in almost as injurious if in a less disgusting form. The wear and tear of modern life, the heavy draughts upon the reserve-fund of the nervous system, the necessity of keeping oneself "up to the mark," are asserting themselves with imperious force, and are driving many of our most active and intelligent leaders in society, female as well as male, into surreptitious stimulation or open addiction to alcohol. Unlike their grandsires, who reserved their vinous indulgence till after dinner, the modern world of fashion "begins early." The sherry or champagne at lunch is often succeeded by the liqueur later on, to be in turn followed by the "whet" before dinner, during which there is more wine drunk than the occasion should justify. But the stomach, already languid from over-stimulation, requires an extra fillip, and so the practice goes on from day to day till the fatal habit is formed of which every physician is but too cognisant.

This is a subtler development of the vice than that which culminated in the days when GEORGE IV. was king. There may be less drunkenness, but there is too much drinking; and the effects are almost, perhaps quite, as injurious. Scarcely a season elapses but we hear of some scandalous disclosure of the propensity among the aristocracy itself, when the unhappy indulgence explodes in some overt act that brings this or that noble lord into inevitable prominence. In the circle immediately below, the practice of "nipping" or "lapping," as it is called, at frequent intervals of the day or on slight provocation, leads to results not less deplorable if not so publicly conspicuous. It is another proof of the gradual Americanisation of our "institutions" that few business transactions can "come off" without a conciliatory dram. On 'Change, in the office, in chambers, or at the club, the old Ovidian line receives daily illustration:

"Gutta cavat lapidem, non vi sed sæpe cadendo."

The indulgence is excused by the smallness of its immediate form; but frequency represents quantity, and the result is the same if not worse in the long run. The alcoholic shower of half a century ago takes the form of the "stillicidium" of to-day, and, like the Scotch mist, the latter has the superior wetting power. And what is the remedy for all this? Is the physician to be always, like the Horatian rustic, sitting on the bank, and waiting till the stream flows by?

"Labitur et labetur in omne volubilis ævum."

Education, again, we fear, though a tardy, is the only remedy. The so-called "educated classes" are really deplorably ignorant of the physical conditions under which health is maintained. They little know the risks their seemingly harmless indulgences entail. They are as little the intelligent custodians of their own bodily well-being as their fellows lower in the scale. They have a great deal to learn as to such commonplace topics as diet or daily regimen. Let them have the necessary knowledge, and they will avoid excess in drinking as in other matters. In pagan antiquity the vice of drunkenness was almost unknown. Is it so difficult, in our boasted nineteenth century, to interpret the precept or observe the practice of HORACE?—

"Frui paratis et valido mihi,
Latoë dones ac, precor, integra
Cum mente, nec turpem senectam
Degere, nec cithara carentem."

THE result of the College of Surgeons election on the 2nd inst. shows how strong the influence of old association is among the small number of Fellows who care to exercise their power of voting on these occasions. Of the thirteen hundred Fellows on the list, only two hundred and thirty-seven took the trouble to record their votes, and of these just one-half voted for Mr. HILTON, nineteen taking the precaution to plump for that gentleman. Probably most of these ardent supporters of the *ancien régime* knew little and cared less about the progress of the one-faculty scheme, which it is Mr. HILTON'S *rôle* to oppose in every stage. After twenty years' connexion with the College, to be second on the poll and nearly forty votes behind the first man cannot, however, be considered a triumph, and contrasts unfavourably with Sir JAMES PAGET'S two hundred votes (with only two plumpers) last year.

Mr. MARSHALL'S position at the head of the poll with one hundred and fifty-two votes is what we anticipated; and he will, we hope, justify the confidence thus shown by introducing some long-needed reforms into the examination-rooms.

Mr. ALFRED BAKER has to thank his provincial friends for his success—not that we believe there is any metropolitan feeling against provincial representatives in the College Council. The contest between Mr. BAKER and Mr. SMITH was extremely close, the last few votes called out—i. e., the first votes recorded—alone deciding the event. A powerful "whip" had evidently been put on the midland

counties; Birmingham was largely represented, and Manchester did its best to repay the votes of last year. We hear a periodical outcry about systematic canvassing among the London Fellows, but it would rather appear that the better organisation for election purposes is in the provinces. However that may be, we congratulate Mr. BAKER on his success, and hope that he will support the party of progress in the Council by his constant attendance.

Mr. SMITH and Mr. HUSSEY need not be much disturbed at their want of success, the former being only seven votes behind the successful candidate, and the latter having polled double the number of votes of last year. Mr. SMITH, at least, may well try again, though probably next year there will be "*two* Richmonds in the field."

THE Sanitary Laws Amendment Bill, introduced into the House of Commons by the President and Parliamentary Secretary of the Local Government Board, is an instructive illustration of the crudity of the Public Health Act of 1872, and must be interpreted as an official confession of the almost hopeless muddle in which Mr. STANSFELD has landed sanitary legislation and administration. Of the fifty-eight clauses which go to form the Bill, under ten are devoted to the enlargement of the powers of sanitary authorities so as to enable them to deal with sanitary evils not yet within the purview of the law, the remainder being devoted to the patching up of defective sanitary Acts, particularly of the Act of 1872. Even the proposed extensions of the sanitary laws contained in the Bill are so imperfect and insufficient that they indicate either that the Local Government Board is still groping in the dark in these matters, or that Mr. SCLATER-BOOTH and his coadjutor are unable to unravel, or are restrained by a sense of official decency from at once attempting to cut through, the intricate knot of combined bad sanitary legislation and bad central sanitary administration tied by their predecessors.

The principle involved in the 21st section of the Bill, that sanitary authorities should make provision for and themselves cleanse privies and ashpits, and, further, that they should be subject to penalty for neglect of this duty, is of the highest importance. It touches a cardinal sanitary evil practically almost undealt with. But why should the provision of the Bill be restricted to urban sanitary authorities? And why should this restriction be still further limited by the operation of the provision being made dependent upon the will of the Local Government Board? The evil is almost universal, and that it does not admit of being dealt with in rural as well as urban districts is incredible.

The provisions of the Bill (Sections 41—45) which would give greater efficiency to, and would extend in some respects the operation of bye-laws, are valuable. They would bring roofs, foundations, and rain-spouts within the operation of bye-laws "for purposes of health" as well as for other purposes. Other welcome extensions are the provisions for the removal of the limitation as to population within which the 35th section of the Sanitary Act is made operative (Sect. 4); the extension of the right of complaint under the Nuisances Removal Acts (Sect. 53); and the inclusion of "milk" in the provisions of Sect. 2 of the Nuisances Removal Act of 1873, as well as the strengthening of the hands of the officer of the sanitary authority who may have to carry out that section (Sects. 54 and 55).

The provision of the Bill (Sect. 50) which deals with polluted water in wells and pumps is too roundabout to meet all the exigencies of the case; and the necessary safeguard against vexatious action of the sanitary authority in this matter might surely be obtained in some other way than that proposed. Section 56 of the Bill would subject to imprisonment or penalty any person who, letting a house or part of a house, on being questioned, knowingly makes a false answer as to the existence of infectious disease within it during the previous *three months*. This, if the provision were a practicable one, which we very much doubt, would amount to the shutting up of lodging-houses for three months after the existence of infectious disease therein. It should only be needful to state this proposition to show its absurdity. If this were necessary of houses, it would be still more necessary of passenger ships which had had infectious disease on board; and these would, in the logical extension of the principle, have to be debarred from carrying passengers for three months. Even quarantine in its wildest freaks never conceived a wilder scheme than this of scoring, so to speak, every lodging-house with a red cross and the accompanying "Lord have mercy upon us!" for three months after it may have had within it a case of scarlet fever, of measles, or of chicken-pox.

The bulk of the Bill is one of the most elaborate illustrations of legislative tinkering with which we are acquainted; and if the Bill should pass it will add not a little to the already too great complexity and confusion of sanitary law. This must be obvious to the promoters; and it is not improbable that, thus regarded, it may contribute to hasten parliamentary or other inquiry into the operation and administration of the Public Health Act of 1872. Until such inquiry be made we believe that the hands of the President of the Local Government Board must be hopelessly trammeled in the sanitary work of the Board, and that any effective rectification of sanitary laws and their administration will be impracticable.

THERE would seem to be no end to the discussions and opposition excited by the new army reorganisation inaugurated by the late Government. Lord STRAITHNAIRN implied that they had been guilty of a breach of faith in having issued an order on the 5th of May, which restricted enlistment to the short-service system, and without pension; but, as Viscount CARDWELL explained, there was no intention of abandoning the long-service system. If the non-military portion of the community find some difficulty in appreciating the nature of all the late changes, we can readily understand that the intricacies of our recruiting system must prove an insurmountable obstacle to those chiefly interested in solving them — namely, the recruits themselves. Under the old nine and twelve years' method of enlistment, the men did not become entitled to any pension unless they were again taken into the service, and no change has been made in this respect. By the new method, recruits enlist for six years' army service and six years' reserve service without pension. Commanding officers

and military doctors alike inveigh against the class of men—"CARDWELL'S men," as they are termed—enlisted under the last-named system. They allege that the men are, from their youth and deficient physique, unfit for the duties of soldiers, and especially that they are liable to break down in tropical service. It was our fate to encounter a sergeant with a number of recruits at his heels the other day, and we are bound to say that they were in marked contrast to the man in uniform, and, physically speaking, not to be reckoned among the most favourable specimens of our race. We venture to doubt whether, with few exceptions, they were likely to realise one's expectations of what the British soldier should be. The remedy for this, according to many, is the return to the long-service system with pensions. It is urged that recruits look forward to a pension as one of the main inducements to enlist. The Commander-in-Chief was probably quite right in the common-sense view he took of the matter—viz., that the recruit should have the option of enlisting under the system he preferred, and that, in any case, all these tentative expedients had a disastrous effect on recruiting. The difficulties in the way of recruiting in this country, where the labourers are few and need not wait long to be hired, are confessedly great. There are, as it appears to us, three ways in which the Government might attempt to popularise the army: first, by increasing the pay of the non-commissioned officers in the direction recently indicated by Captain NOLAN in the House of Commons; secondly, by opening out, as far as possible, other sources of employment under Government for soldiers after their discharge from the army; and, thirdly, by advertising the terms proffered by the Government to the agricultural labourers now leaving our shores in shoals as emigrants. The fine, able-bodied men once obtained from the Irish recruiting-grounds are no longer procurable, and the different unions and emigration agents are draining this country of the very men whom army doctors would like to see in the army. Is there no way of checking or limiting this? It is in a great measure a question of supply and demand, and the State must be prepared to offer better terms if it is to compete successfully with other kinds of employment.

Medical Annotations.

"Ne quid nimis."

THE COLLEGE OF SURGEONS EXAMINATIONS.

Two weeks ago, in speaking of the Fellowship examinations at the College of Surgeons, we urged that in order to improve the character of the test more care should be taken in the selection of the examiners. Nearly all the dissatisfaction which now arises in connexion with the College examinations may be traced to the false and objectionable system under which the examiners are appointed. Estimated by the doctrine of chances the probability of getting more than one or two good men on the examining board is infinitely remote under the present circumstances. But if those entrusted with the management of the examinations were appointed according to their merits as teachers of the several departments of anatomical and surgical science, and altogether independently of their seniority as Fellows of the College or of their position as members of the Council, a most desirable and beneficial change would speedily ensue. Until this is accomplished it will be impossible for the Fellowship examination to take rank as the highest and most searching test of surgical knowledge in this country. Yet this is only what it should be. Of the complaints that have been made concerning this examination, we have not heard one against its undue severity, but all have condemned its uncertainty and want of uniformity, while many have affirmed that the tests applied do not give sufficient scope to the candidate who has thoroughly prepared himself for examination. The general desire is that the standard should be raised, and the test made more discriminating. But this cannot be done under existing circumstances. Both students and teachers must have a guarantee that the candidate is judged according to the degree of knowledge which he shows at his examination, and that he is not dealt with according to the whim or the caprice of his crotchety examiners. This guarantee can be found only in the appointment of competent and responsible examiners, who shall be liberally remunerated for their services. If we contrast the examinations at the University of London with those at the College of Surgeons, we may see where the evil lies. At the University the examiners are men of high repute in those subjects on which they examine, and though complaints are sometimes made against the severity of the examinations, none are ever made against their fairness and uniformity. Here good men have an opportunity of distinguishing themselves, and of proving their merits, while those who are not adequately prepared are assuredly found out. At the University it rarely happens that an undeserving person is surprised to find that he has eluded the vigilance of his examiners, or that he has gained a high honour when others were doubtful of his success. The University examiners, moreover, are generally found to confirm the opinion formed of the merits of a candidate by his teachers and by his fellow-students. How different is all this at the College. A candidate, however well prepared, is never certain that he will be able to satisfy his examiners, or even that he has satisfied them till he obtains the "ocular proof" by seeing his name or number posted on the College walls or windows. On the other hand, the careless and idle student, confident in the assurances of his "coach," laughs at his fearful and more industrious companions, sets at nought the remonstances of his teachers, and by taking his luck and passing his examinations with ease, demonstrates the folly of attempting to anticipate the decrees of fate. In fact, one of the greatest evils of the College system is that it encourages the practice of "cramming" for examinations. It is proverbial that professional grinders frequently succeed in getting some men through the College examinations with one-fourth of the knowledge of some who are rejected. This they do by studying the freaks of the examiners, and by preparing their pupils according to the peculiarities of those by whom they shall be examined. But if the examinations were properly and rationally conducted, it is certain that professional grinding for College examinations would become as unsatisfactory and unprofitable as for those of the University of London.

THE DANGERS OF DIPHTHERIA.

THE sad intelligence of the death of Lady Amberley, and subsequently of that of her little girl, from diphtheria, has not only given rise to much sympathetic sorrow, but will serve to awaken the recollection in other families of many similarly sad bereavements. Lord Amberley's little daughter was supposed to have contracted the affection from her brother, who had a few weeks previously suffered from an attack of diphtheria in London, and her ladyship is believed

to have contracted the disease from attendance on her daughter. The poison of diphtheria is of a very subtle kind: it clings with great tenacity to particular houses or apartments. The disease exhibits very contagious and infectious properties, and its progress and development are considered by many excellent authorities to be favoured by family constitution. We are inclined to believe in the correctness of this view of the greater susceptibility or vulnerability of certain constitutions, from the recollection of occurrences of a similar kind, where diphtheria spread through the members of a family and proved fatal to the mother and some of her children without extending to other residents in the house. Of course, where there are local causes in operation, such as bad drainage and a vitiated house-atmosphere, we may account for the tenacity with which the poison clings to a place and manifests its action on the inmates; but we nevertheless think that there is some evidence in favour of the existence of this family proclivity. There cannot be a doubt that every precautionary measure should be adopted which the assumption of the infectious character of this dire disease would suggest, but it must often happen that attempts at isolation are overborne and frustrated by the promptings of affection or parental solicitude. A mother will not submit—and no one can wonder at or help respecting the feeling—to be separated from a suffering child; but no measures can be too rigidly enforced as far as the other and non-infected members of the family are concerned. The views entertained by different medical men, although substantially agreeing, are not, perhaps, perfectly identical in regard to the infectious character of diphtheria, and this is to be accounted for by the various impressions they have received from their different experiences of it. In some cases the transmission of the disease from one to another of the affected members of a family can be so clearly traced, where there is an apparent absence of all insanitary surroundings, as to leave no doubt that contagion was the main if not the sole factor present, while in other cases the evidence of defective domiciliary hygiene is so conspicuous as to impress the mind with the direct relation of the disease to local causes; and the apparent condition of a house is very often far from the real one. We had evidence of this not long ago, where, after the occurrence of one case, the family removed to the seaside for several weeks, during which the local tradesmen were desired to investigate and remedy every discoverable defect in the drainage. On the return of the family other cases occurred in rapid succession, and it was discovered that, notwithstanding the assurances to the contrary, the house-drainage was very bad. The moral lies on the surface—viz., that diphtheria is, like scarlatina, a communicable disease, and that its spread may sometimes be wholly accounted for by its contagious or infectious properties, but that in any case the proclivity to the disease may be enormously increased by some defective drainage or other source of air contamination.

THE LATE APPOINTMENT TO AN INDIAN SANITARY COMMISSIONERSHIP.

SOME of the Indian papers have dwelt, we are glad to notice, with earnest indignation, on the extremely injudicious nature of Sir John Strachey's late appointment to the vacancy caused by the departure of Dr. Planck from India. The pay, position, and advantages connected with the office of Sanitary Commissioner for the North-west Provinces were such as to tempt medical officers serving there to apply for it. The appointment is in the hands of the local Government, and the selection of an officer to fill it devolved upon Sir John Strachey, the recently appointed Lieutenant-Governor. As this gentleman had the reputation of being an able officer, and as he was ranked, since the publication of the report of the Sanitary Commission, of which body he was the president, as the first of Indian sanitarians, his action in this matter seems utterly inexplicable. A civilian has been nominated to the post who cannot possess the required technical and scientific knowledge. Sir John must know how much of his own reputation as a practical sanitarian is attributable to the labours of the two medical members of the Commission. It is impossible, assisted as he is by a large secretariat, that Sir John Strachey could have been ignorant of all the orders on the subject of these appointments, which are as clear and precise as they can well be, and we must, therefore, credit him with having deliberately ignored them. There is, for example, the despatch No. 152, dated Simla, August 16th, 1867, signed by the then Sir John Lawrence and all the members of Council. It is to be hoped that Lord Lawrence will ask the Secretary of State for India, in his place in the House of Lords, by what authority Sir J. Strachey has disregarded the orders contained in that despatch, and why he has been permitted by the Governor-General of India to act as he does towards the members of a profession who have always deserved well of the Government. It is a perfect farce to give men a special education in hygiene at Netley, and then to prefer others, in no way specially qualified, to these appointments.

A NEW HOSPITAL FOR WOMEN.

THE idea of a hospital for women to be worked by women seems to us neither a sound idea nor a liberal one. Of course, if it is well advertised that such a galaxy of good speakers as Lord Shaftesbury, Professor Fawcett, Mrs. Garrett-Anderson, M.D., and others will take part in a public meeting in Willis's Rooms, there is pretty sure to be a good attendance, and many plausible things are sure to be well said, even in support of a hospital for women to be worked by women. The only medical man present was Mr. Critchett, who seems to have spoken chiefly in favour of free trade in intellect between men and women—a doctrine in support of which there is much to be said. But it is a strange way of advancing this doctrine to argue in favour of a hospital which has to be exclusively worked by one sex. A free trade that excludes a half or nine-tenths of the traders is, to say the least, a curious form of free trade. Professor Fawcett's argument, while a little more to the point, was still inadequate to the justification of such an absurd institution as that of a hospital for women in which they are to be denied the advantages of the professional skill of men. Mr. Fawcett argued that, there being a large number of women in society who preferred to be attended by women, it was an injury to them to deny them the chance of being so attended, and, inferentially, a further injury not to support a hospital which was meant to accommodate poor women with hospital treatment by women alone who prefer to be so treated. It is enough to say, in answer to Professor Fawcett, that we do not believe in the existence of any large number of women having this feeling; and, secondly, that it is certainly not large enough to justify the exclusion of physicians of the male sex.

The real object of the movement, and it was not much kept secret, is to provide an institution for supplying a field which two or three clever ladies may monopolise, and in which they may cultivate and display such surgical aptitudes and skill as they possess, of course with the ultimate view of benefiting the whole sex. And we confess that Mrs. Dr. Anderson would have made more impression upon us if she had avowed this object instead of making the speech she is reported to have made, and which, to do her justice,

seems to us very inferior to her usual arguments. First, we are told, in the interest of the modesty of young girls from the country, that a hospital is wanted where "girl-graduates" alone may be consulted. In the name of our profession and common sense we must protest that this objection is far-fetched, and that the modesty of "girls from the country" does not suffer by having to consult medical men either in hospitals or at home. Again, Mrs. Anderson thinks that women's complaints will be better understood by women—for example, hysteria. Mrs. Anderson's pathology here is unsound and antiquated. Unfortunately, women have no monopoly of hysteria. The very fact that Mrs. Anderson adduces this complaint as a special one shows an evil tendency to specialise women's ailments, than which no greater evil could be done to medical science and to women. No branch of medicine has made greater strides than midwifery and the diseases of women. And we can imagine nothing more injurious to poor women than to create hospitals for them from which male intellect and skill are to be excluded. We do not believe that such a hospital would satisfy the feelings of any large number of women, or that it would be efficient in any high degree for their relief. It is very doubtful, indeed, whether ordinary midwifery practice is suitable for women; but that men should be excluded from a hospital for the treatment of diseases of women is a suggestion of the narrowest and most injurious import.

LONDON SLAUGHTER-HOUSES.

SIR H. SELWIN-IBBETSON'S Bill for amending the law relating to slaughter-houses and certain other businesses in the metropolis is designed to give effect to the recommendations of last session's Select Committee on Noxious Trades, and especially to those which dealt with the question whether so much of the Buildings Act of 1844 as decreed the suppression of all private slaughter-houses in London in August of the present year should be allowed to operate or not. The Committee were of opinion that this part of the Act ought to be repealed, and the Bill now before us exempts from the provisions of the Act "the several businesses of a soap-boiler, tallow-melter, knacker, fellmonger, tripe-boiler, or slaughterer of cattle," carried on within the metropolitan limits. Confining ourselves to the slaughter-house question, we remark that no slaughter-house additional to those now in existence is to be opened without the sanction of the local authority, under a heavy cumulative penalty, and the inhabitants of any locality in which a new slaughter-house is proposed to be opened are to have the right to be heard in objection thereto before the local authority. Powers are also given to the Privy Council inspectors to enter the premises of any cattle slaughterer for the purpose of detecting diseased animals or meat. There can be no doubt that even without the Act of 1844, and the present Bill notwithstanding, private slaughter-houses in London have a tendency to become fewer in number. In the City of London it appears, from a special report thereon by Mr. Liddle and Dr. Tidy, that there are now only 28 licensed slaughter-houses, whereas in 1851 there were 135 of them. The City Corporation are considering the desirability of constructing twenty additional slaughter-houses at the Metropolitan Cattle Market at a cost of £26,000, and after Messrs. Liddle and Tidy's strong expression of opinion adverse to private slaughtering, the City authorities would be ill-advised not to carry through their proposed extension of the public abattoir system which they have already so successfully instituted at Copenhagen-fields. Of course it is not reasonable to expect the City Corporation to provide public abattoirs for the whole of London, but until the whole metropolis is brought under municipal government there is little hope of any others being established than those belonging to the City. And as the City abattoirs are insufficient for all the cattle slaughtering to be done in London, it follows that we must for the present rely on private slaughtering; so it is necessary that something should be done to extricate the metropolis from the very awkward dilemma under which otherwise the Act of 1844 would place it in another month's time. Whether Sir H. Selwin-Ibbetson's Bill is the best solution of the difficulty or not is no doubt open to question. The metropolitan medical officers of health, at their annual meeting on Wednesday evening last, had the subject brought under their notice by Dr. Dudfield, who deprecated the haste with which the Bill was being pressed forward, and was of opinion that it ought to be withdrawn and reconsidered, a short continuing Act being substituted for the purpose of delaying the operation of the Act of 1844 for another year. After some discussion the meeting resolved to seek an interview with the Home Secretary to suggest certain improvements in the Bill, and, failing success in that quarter, it was determined to take steps for opposing it in the House of Lords.

THE BISHOP OF LINCOLN ON CREMATION.

DR. WORDSWORTH is undoubtedly an excellent man, as well as an erudite and very zealous prelate and a staunch champion of his order, but his views on theological questions commonly savour much of the cloister, and are to that extent out of tune with the wider and more fruitful experience resulting from intimate contact with the practical relationships of a complex society which an intelligent layman obtains. His sermon in Westminster Abbey on Sunday evening last on the subject of cremation brought out his weak points in force, and was not a little calculated to produce an effect the very opposite to what he intended. The substitution of cremation for the burial of the dead may or may not be practicable in this country, but the agitation in favour of the change is a perfectly legitimate one, and it is not to be put down by any amount of mere denunciation, however "eloquent" or "indignant." In the Bishop of Lincoln's eyes it may seem "barbarous and unnatural" to revert to the ancient custom of burning the dead; but why should he assume that "one of the very first fruits of its adoption would be to undermine the faith of mankind in the doctrine of the resurrection of the body," or that the extinction of that faith would "bring about a most disastrous social revolution" even to the extent of "confirming and increasing the widespread licentiousness and immorality which prevail in all the great capitals of the world"? This journal is not the place in which to discuss the question of cremation *versus* burial upon purely theological grounds, but we may venture to suggest that even supposing a belief in the actual resurrection of the material body to be as vital to Christianity as the Bishop (but not St. Paul) assumes, that belief is as consistent with the cremation as with the burial of the body. For if we are to be raised hereafter in the same bodies which we have when we die it is surely not more difficult to conceive of such a result in the case of a body reduced to ashes in a furnace than of one blown to pieces by an explosion, of one drowned and consumed by fishes which in turn themselves become food for other creatures, or of one buried in the earth and after a greater or less lapse of time entering into and becoming completely assimilated with various forms of animal and vegetable life. One is sadly tempted to break a lance with the Bishop on the slavish adherence to "the letter which killeth" that characterised the whole of his discourse, but we must be content with the belief that many others of his hearers besides ourselves in that great auditory remained

unconvinced of the wisdom of his attempt thus to prejudice the calm and impartial discussion of a subject of increasing public importance, by treating it as involving a vital principle of religion which had been wickedly assailed. Some of the special illustrations used by the Bishop were not less infelicitous than was the general drift of his discourse. As a former member of the Abbey Chapter he must have known perfectly well that there is considerable difficulty now in finding vacant space for the burial of distinguished persons within the Abbey; yet he seemed to wish it to be understood that cremation would keep all our future great ones out of the silent company of those who have in former times added lustre to England's name. Is it not, however, evident that urn-burial, which cremation would lead to, would at once raise the receptive capabilities of the Abbey to a degree that would suffice for many generations to come? We are not disposed to over-rate the power of the pulpit in this country, at least in these days, but we should regret to find the clergy generally following the Bishop of Lincoln's lead, and turning their pulpits into platforms for raising a false issue with regard to cremation.

RUPTURE OF THE VAGINA WITH PROTRUSION OF THE INTESTINE.

A painful case of the above kind has been the subject of a coroner's inquest at Hartshill, near Nuneaton, Warwickshire. The poor woman in whom the rupture occurred was in labour of her eleventh child, and her labours were generally difficult. In the one previous to this instruments had to be used by Mr. Peacock, whose treatment in this case was much canvassed. We gather that the rupture occurred before the use of the instruments. The child was delivered alive. The intestines protruded, and seem to have been cut off by Mr. Peacock. It is this part of Mr. Peacock's conduct which excited suspicion and criticism. The case was one in which the occurrence of rupture of the vagina could occasion no great surprise to medical men. And no case is more anxious or distressing to the practitioner. At the adjourned inquest, Dr. Barnes gave evidence in Mr. Peacock's favour to the following effect:—

"The history of the present case was in accordance with many recorded by the great authorities. The forceps used by Mr. Peacock were proper instruments to use. When there was laceration the intestines were almost certain to protrude; no force would be required to make them protrude. He believed it was quite possible that fifteen feet might so protrude spontaneously. Where such was the case he knew of no instance of the patient recovering. In a case of the kind there was no rule of practice to guide a surgeon. He would be thrown entirely on his own resources for the moment. The woman would almost certainly have died under the circumstances, had the intestines not been removed. He could conceive a case in which the removal would prolong life for a few minutes. He had known several instances of the kind, but it was not within the scope of ordinary practice to remove the intestines. He had known it done.—The Coroner: You cannot condemn the cutting off of the intestines?—I do not know what I should have done under similar circumstances twenty years ago.—The Coroner: After hearing the evidence, do you condemn the process of cutting them off?—Witness: I think it would be better to leave them.—In reply to further questions, the witness said he should think the cutting off of the intestines would not arise from gross ignorance, want of skill, or gross inattention."

Several other eminent medical witnesses having corroborated the evidence of Dr. Barnes, the coroner said that Dr. Barnes's evidence entirely altered his view of Mr. Peacock's practice. There was no evidence to show that the laceration was produced by the use of the forceps, and Mr. Peacock could not be accused of gross ignorance, want of skill, or gross inattention. The jury, after a short deliberation, returned the following verdict:—"That the deceased died from the effect of an escape of intestine, consequent upon spontaneous rupture of the vagina during her confinement;" adding that, in their opinion, no blame was attachable to Mr. Peacock.

CRAMMING FOR COMPETITIVE EXAMINATIONS.

Is it not time that something should be done to curtail the system of competitive examination for everything, and to impose some check upon the vagaries of an impracticable set of examiners? Take the case of naval cadets referred to by Lord Chelmsford. Could anything be more absurd than the questions put to these boys of twelve and thirteen years of age? Their characters, like their intellects, must of necessity be utterly unformed, and yet a boy's whole future career is to be marred because he cannot solve some arithmetical puzzle stiff enough to floor a financier, or describe one or more of those obscure historical subjects which only one of Lord Macaulay's fictitious "schoolboys" knows anything about. However smart and clever a boy may be, some allowance must be made for the gross blundering arising from the impulsive thoughtlessness or the nervousness common to youths at such examinations. It is only by a truly vicious system of cramming that questions such as those of which Lord Chelmsford adduced so many specimens could be answered. If the boys were to be future candidates for an idiot asylum, there would be some sense in subjecting them to a whole series of such examinations, with a well-sustained system of cramming to prepare for them. We are not surprised that boys lose their health while undergoing the training for these competitive examinations; and of one thing we may feel pretty certain, that if we require young prigs, with all the manliness and frankness of an English schoolboy taken out of them, for our naval officers, we are going the right way to get them. Of course it will be asked, if these examinations be so prejudicial and severe as alleged, how are we to account for the fact that relatively few boys fail in passing them? The answer is comprised in two words. It is a system of cram and sham. What they do answer is the result of cram, and what they do not is an evidence of the sham of the examiners in setting such questions at all. Before quitting the subject we may express our concurrence with Lord Hampton's remarks as to the climatic disadvantages of the port of Dartmouth as a station for a training ship for naval cadets.

VALUE OF THE CARDIOGRAPH.

A very instructive incident has lately taken place at the Academy of Medicine of Paris. M. Marey had communicated to the Academy the results of some experiments with the aid of the cardiograph and sphygmograph, tending to clear up certain points in the physiology of the heart. M. Colin, in answer to M. Marey, contended that these experiments had not taught the world anything new, but had simply confirmed what was already known, and which had been arrived at by other means than M. Marey's mechanical contrivances. He added that the latter were useless, and that, moreover, they might lead into error the most skilful experimenters. As a proof of this last assertion, M. Colin related the following occurrence:—Some time ago Professor Gavarret and the late M. Longet, accompanied by an assistant, went to the Alfort Veterinary School, near Paris, to try improved cardiographs and sphygmographs. M. Colin removed the front of the thorax of a strong horse, and established artificial respiration after the division of the pons. The heart was brought fully into view, and was beating regularly. Messrs. Gavarret and Longet were, however, paying no attention to that

organ, but were at some distance from the animal, watching the little levers of the apparatus which had been introduced into the cavities of the heart, this apparatus being supplied with very long india-rubber tubes. The instruments were acting nicely and the tracings were found excellent. At the end of the experiment, M. Longet came back to the horse, saying, "Now let us sum up carefully. This is the right auricle and this is the right ventricle." M. Colin replied, "I beg your pardon; this is the *left* auricle and that is the *left* ventricle." "How is that possible?" answered M. Longet; "the apparatus worked well, and gave the indications expected from the *right* heart." "That is very possible," said M. Colin, "but it does not speak highly of the apparatus; I did not watch it." "Why," replied M. Longet, "did you not tell us before that we were mistaken?" And M. Colin answered: "How could I suppose that a professor of anatomy could mistake the right for the left heart?" The mistake was, in fact, not momentary, for it lasted some hours. Artificial respiration kept up the action of the heart from noon till five in the evening. In two subsequent meetings of the Academy these statements were denied and again affirmed, so that the president was forced to put an end to the debate.

FEMALE GRADUATES.

IT will be remembered that in May last it was proposed at a meeting of Convocation that women should be admitted to take degrees at the University of London. Last week the proposition was submitted to the Senate, which, by a large majority, adopted the following amendment: "That the Senate is desirous to extend the scope of the educational advantages now offered to women, but it is not prepared to apply for a new charter to admit women to its degrees." This decision will, we think, meet with the decided approval of all who have at heart the true interests of the University, and who wish at the same time to extend and improve the education of women. Already women may, if they wish, present themselves for examination in Arts at the University; but this privilege, it seems, falls far short of the requisitions of those who, more prescient than their fellows, see in the future the triumph of woman over the prejudices, the weaknesses, and the usurpations of man. To enjoy her full and proper place in nature, woman must, according to these enthusiasts, possess a degree in Arts, or in Medicine, or in Law. The mere fact of being educated to the point which merits these is not sufficient for the accomplishment of the purposes of woman. Without a degree she can do little; with one she may do all things, even to the removing of moral and social mountains. It is, however, somewhat strange that the credentials of a degree in Arts should be essential to the success of woman, while they are so often dispensed with by man. The training for such a degree is, no doubt, desirable and beneficial, but is not a *sine qua non* of success. There are amongst us many accomplished scholars, eminent scientists, learned barristers and physicians, skilful surgeons, and successful merchants who have attained high and honourable distinction in their various callings without the assistance afforded by a degree in Arts. No one is particularly distressed because this or that boy or young man cannot take a degree in Arts, and why all this commotion about the disabilities of women? It may, of course, be replied that all that is asked for is that the degree should not be withheld from the few who might wish to take it. But, after all, the practical object to be aimed at in all these agitations should be, as we said a short time ago, the improvement of the education of women generally, and not merely the forcing of exceptional prodigies. Will the education of girls and women be necessarily advanced because half a dozen women are bachelors or spinsters of Arts? Certainly not. Will it not be more to the advantage of female education that fifty young girls should pass such tests as the middle-class examinations of Cambridge and Oxford, or even the matriculation of the University of London, than that five women should have succeeded in obtaining a degree while five hundred others have perhaps been physically ruined in vainly attempting to gain the coveted prize?

INCENSE.

AT the last meeting of the Society of Experimental Therapeutics in France, an interesting paper was read by M. L. Marchand, on the Origin and Uses of Incense. In regard to its origin, M. Marchand states that it has been known from the period of highest antiquity under the name Oliban (from the Arabic Luban), and has always been regarded as a precious substance, and sent as a present between kings. It was burnt in the temples of pagan divinities, partly to honour the gods, and partly no doubt to conceal the disagreeable and empyreumatic odours given off by victims sacrificed and burnt on the altar. To the present day it is used in Catholic countries, and as a consequence of the imitation which was practised at the period of the institution of this religion, olibanum has acquired the name of incense, from the Latin word *incendere*, to burn; or of *thus*, also from a word (θυω) signifying to burn. There is much discussion as to the source of incense. Some authors think that all the incense which arrives in Europe comes from Arabia; but it is certain that whilst much comes from Arabia, some also proceeds directly from the trees of Abyssinia. According to M. Schimper, the resin is produced by a tree named the Boswellia floribunda; others, with Flückiger, suppose that it is the Boswellia sacra; whilst others again, with Birdwood, attribute it to the Boswellia Carteri. M. Marchand distinguishes two species of officinal incense: one in small leaves mixed with more or less débris of bark; the other in large fragments of finer quality. The former was called male, the latter female, incense, by the ancients. Female incense is the produce of the Boswellia popyrifera, a plant that is only found in Africa. Male incense, on the other hand, is obtained both from India and Africa, being the produce of the Indian species, Boswellia thurifera or serrata, and the African species, Boswellia sacra, Boswellia Carteri, Boswellia Bhau-Djama-Mohr, and Boswellia Frerania-Vegaor.

WATER-SUPPLY.

A CIRCULAR has been issued by the Local Government Board to the various local sanitary authorities throughout the country, calling their attention to the probability that the long continuance of dry weather will, as the summer advances, tell very seriously upon existing sources of ordinary water-supply, and thereby occasion grave danger to the public health. The authorities are reminded that one of the chief duties imposed upon them by the Legislature is the provision of an adequate and wholesome supply of water in their districts, and they are advised forthwith to ascertain the full extent of the existing local supplies and the sources which may be relied upon for meeting any present or prospective deficiency. It is further urged that the authorities should see to the economising of all water now available for domestic use, and should take the utmost precautions for water-storage in localities likely to suffer from drought. In short, an emphatic warning is given alike of the probable danger, and of the ample means which the local authorities have had given them wherewith to meet it. If, by and by, the blow should fall in unguarded quarters, the public will assuredly know who is to blame. A proviso is

made that great care as to the purity of the supply must be taken in all cases, but when the Board lays it down that no supply should be used "which is not *perfectly safe* from pollution by excremental matters or other filth," we take it that "reasonably safe" will in practice be as much as can be insisted on in respect of such pollution. How many water companies in the kingdom are there which could guarantee that their supply is "perfectly safe" from excremental or other filth pollution?

SANITARY NOTES.

THE rural sanitary authority of the Pembroke district have come to a resolution to appoint a medical officer of health and a sanitary inspector, the former at a salary of £10 and the latter at £25 per annum. The area of the district comprises twenty-six parishes and 55,300 acres, and contains a population of 11,600 persons. We congratulate the future medical officer of this enlightened district.

The financial prospects of port sanitary authorities are not encouraging. Under the 20th and 21st sections of the Public Health Act they may be (and in many instances have been) called upon by Provisional Order of the Local Government Board to adopt means and to maintain a staff for the purpose of preventing the importation of cholera and other epidemic diseases. These provisions of the Act, as we recently showed, are superlatively important, inasmuch as their neglect or proper working may influence the health of the entire population of this kingdom. A list of eighty-seven ports appears in the Customs Returns, and forty-seven of these had, up to the end of last year, been constituted sanitary authorities by the Local Government Board. Mr. Sampson Lloyd, the member for Plymouth, drew attention to this subject in the House of Commons on the 19th ult., explained that the work indicated was costly, and urged that, inasmuch as the measures to be adopted were intended for the benefit of the whole population of England, the expenses should be defrayed from the imperial and not the local rates. The answer given by the President of the Local Government Board was not reassuring to port sanitary authorities. Mr. Selater Booth admitted that "the expenses to be incurred under the Act in question would in particular cases prove very serious," but held out little or no hope that the Exchequer would contribute to their relief. It was mentioned incidentally that Hull had already spent £2600 in preventing the importation of infectious disease, and there can be no doubt that in London, Liverpool, and other large ports, the cost will be considerably greater, unless, indeed, the first sections of the Act prove a dead letter.

A CORSET CRUSADE.

AMERICA has from time to time attempted to reform the clothing of her people, but not always in the best taste. The agitation of which Mrs. Bloomer was the leader died out after a short career, only to be revived and to subside again at the hands of Dr. Mary Walker. A more sensible innovation, however, is that which has just been proposed at Brooklyn, where a number of ladies have combined to put down corsets, high-heeled boots, false hair, and such-like auxiliaries to feminine attraction. There is no doubt that tight-lacing has a very injurious effect on the females who practise it, compressing the abdominal and thoracic viscera till their normal action is impeded and their functions impaired. Even from the point of view of effect, the practice is an ill-advised one, the wearer of the corset generally incurring the external signs of a cramped liver, with its concomitants of a red and pinched nose, a jaundiced complexion, and an icteric eye. The hour-glass, which seems the model of elegant form to so many of the fair sex, should rather suggest warning than imitation—warning of the flight of time and the ravages which unnatural dress cannot fail to accelerate.

PHYSICIANS AND THE COMMISSION OF THE PEACE.

SOME concern is properly expressed by a medical contemporary at the fact that Sir M. H. Beach is reported to have said, in reference to the veto of the nomination of a medical man as a magistrate, that the Government does not consider a physician in practice to be a fit person to be entrusted with the commission of the peace. This is a remarkable doctrine. It is to be hoped that the medical members of the House and others will lose no time in ascertaining whether Sir M. H. Beach has not been misreported. The doctrine is entirely novel, and it is as offensive to the profession as it is novel. We take leave to say, too, that it is as injurious to the public interest as it is novel and offensive. Men fit to hold the commission of the peace in counties or in boroughs are not so plentiful that local medical men can be dispensed with. Surely, too, medical men are not so overladen with honours that they should receive this insult from a powerful Government, and a Conservative one to boot.

ALLEGED OUTBREAK OF SMALL-POX AT BLACKBURN.

WE are glad to be able to state that there is no foundation for the report of the asserted outbreak of small-pox at Blackburn, beyond the fact that two cases in adults and two in youths appeared a short time ago. The former are quite well, and the others, of mild form, are doing well at the Workhouse Hospital, whither all were sent on the first symptoms of the disease showing themselves. The whole of the affected individuals caught the infection at Preston. The sanitary inspector reports very favourably on the state of the town; and by the energetic measures adopted for the early removal or complete isolation of the cases that may occur, there is every prospect of the town being spared the horrors of an outbreak of the disease.

CHAIR OF PHYSIOLOGY IN EDINBURGH.

PROFESSOR HUGHES BENNETT has at length resigned the chair of the Institutes of Medicine, which he has held with much acceptance for the last twenty-six years. Already there are several candidates in the field, all of them more or less entitled to consideration as teachers and investigators. We forbear for the present to enter into their respective claims, merely enumerating them as they have announced their candidature. Dr. John Cleland, Professor of Anatomy in Queen's College, Galway; Dr. J. B. Pettigrew, Pathologist to the Edinburgh Infirmary; Dr. J. G. McKendrick, some time assistant to Dr. Bennett; and Dr. William Rutherford, Professor of Physiology in King's College, London.

THE VIENNA CHOLERA CONFERENCE.

THE *Standard* is the only paper in this country which has furnished its readers with any account of the proceedings of the delegates at the above conference. Notwithstanding the immense importance of the subject, it is very significant of the small interest that questions of public health excite in Europe that the German press should not have furnished anything beyond the very brief reports of the Conference which have hitherto appeared. The Conference has appointed two committees—one for the consideration of sani-

tary reforms; the other to devise means for instituting an international epidemic commission. Dr. Seaton, of London, has been elected on the first committee.

THE NAVAL MEDICAL SERVICE.

THERE can be little doubt, if we may judge from the experience of the past, that, if the Government succeeds in obtaining a requisite number of candidates to fill up the vacancies in the above service, but little will be done towards ameliorating the condition of the medical officers.

A MILITARY contemporary has called attention to the reduction—to the number of thirty-three surgeons—in the Army Medical Service, and asks how the medical attendance on the troops is carried on, considering that there is no difference in the number and distribution of the troops at home between this and last year? It was the policy, we believe, of the last Government to dispense, as far as practicable, with the services of full-pay medical officers for detachment and small charges, and to utilise civilian surgeons and half-pay medical officers instead for these appointments. This may probably account for the reduction in the number of surgeons.

MR. ARMSTRONG, medical officer of health for Newton, Devonshire, in his quarterly report, again refers to the excessive mortality among children in his district. More than half of the deaths registered were those of infants under five years of age, and in the majority of these, again, the age of twelve months had not been reached. There were, moreover, several cases of uncertified deaths—a fact which should not fail to arrest the attention of the authorities, as suggestive of a state of things calculated to awaken painful suspicions.

THE inhabitants of Crewe, after many difficulties, appear to be hopeful of speedily solving the question of sewage disposal as it affects their town. Three hundred acres of land have been leased at Coppenhall, about a mile and three-quarters off, to which the sewage flows by gravitation, and is received in two tanks holding 600,000 gallons. From these tanks it is pumped, and afterwards conveyed to the farm by means of gutters or "carriers." At the present time the crops on the farm are stated to be in a luxuriant condition.

THE Sanitary Commissioner of the Punjab reports that the health of the province continues good. In the last weekly return five deaths were registered under the head of cholera. There is reason for doubting, as we before observed, whether many of the deaths recorded of late as due to cholera were unmistakable cases of the disease. The deaths from small-pox amounted to 280, showing a decrease on the return of the previous week.

A REGULAR service of Pullman's railway cars, to which we referred with commendation a few weeks ago, has commenced on the Midland Railway. As an evidence of the favour with which they are regarded, we are informed that every berth in the sleeping car is invariably occupied. Next month the sleeping and parlour carriages will be attached to the Liverpool trains of the above-named company.

AN action was tried in the Court of Exchequer on Saturday last, before the Lord Chief Baron and a special jury, in which Dr. Leeman Bowles, of Folkestone, sued Mr. R. Hunt, secretary to the local waterworks company, for three alleged libels. The reports that have appeared of the trial, with the exception of that in *The Times*, have been somewhat meagre and unsatisfactory; but the libels, in effect, amounted to a charge against the plaintiff of having made false and wilful statements in respect to the quality of the water, knowing such statements to have been untrue. The defendant pleaded in justification the correctness of his statements; but the judge summed up that the plaintiff had been publicly charged with lying, which would in former times have subjected the offender to be called on to fight a duel. Dr. Bowles had, however, with much better sense, appealed to the law and a jury to cleanse his character from the stain of such a disgraceful epithet. The plaintiff's appeal has evidently not been a vain one, for we have to congratulate him on a verdict with £1000 damages.

THE School of Medicine in Paris was the scene of an anti-clerical demonstration on Tuesday. M. Hardy, one of the professors, was denounced by the *Univers* for classing the confessional among the predisposing causes of insanity. The students, by way of protest, saluted M. Hardy on his resuming his course of lectures. He was received with a triple round of applause. The *Univers* stigmatises them as "irreverent sawbones."

THE Newington vestry appears to be in difficulties about its dust, which, no contractor for it having been found, is accumulating in large quantities at the parish depôt, which is situate in a crowded neighbourhood, and close under the eyes and noses of passengers by the London, Chatham, and Dover Railway. A dust-yard in such a locality is a public nuisance, and ought not to be tolerated.

THE fortieth annual meeting of the Statistical Society of London was held on the 30th ult., at 12, St. James's-square, the chair being taken by the President of the Society, Dr. W. A. Guy, F.R.S. The Society's affairs are in a most flourishing condition, there having been an increase of seventy-six fellows during the past year, and the balance-sheet showing a surplus of £2508.

COLUMBIA MARKET having proved a "white elephant" in the hands of the Corporation of the City of London, it is to be reconveyed, according to arrangement, to the Baroness Burdett Coutts, who has great hopes of being able to carry out her original designs respecting it, now that the City has tried its hand and failed.

MR. JOSEPH PRESTWICH, F.R.S., has been appointed to the chair of Geology at Oxford, as the successor of the late Professor Phillips. Mr. Prestwich is a distinguished and enterprising geologist of solid reputation. He received the Geological Society's Wollaston medal in 1849, and was elected president of the Society in 1870.

THE deaths registered in London last week were 1336, or 77 less than the corrected average. The mortality was at the annual rate of 21 per 1000, as compared with 19 in the two previous weeks. From the seven principal zymotic diseases, the deaths, though a little more numerous than in the fortnight before were much (118) below the average.

DR. LETHEBY was re-elected President of the Association of Medical Officers of Health at their annual meeting, held on the 8th inst. Dr. Stevenson having retired from the joint secretaryship, Dr. Corfield was elected to the vacant office. The Association now numbers upwards of 130 members.

THURSDAY, the 9th inst., was, by five degrees, the hottest day of the year. The maximum temperature was 91° Fahr. in the shade, and 123° Fahr. in the sun, as registered by Steward's solar radiation thermometer in vacuo.

At length there is to be a sanitary government for Dorking. The Local Government Board are about to issue an order investing the guardians of the Dorking Union with the powers of an urban sanitary authority within the boundaries which have been agreed upon as representing the town of Dorking.

The Battersea District Board of Works are about to erect a public mortuary in the parish churchyard. Every year from twenty to thirty bodies are taken out of the river within the parish limits, so that, independently of ordinary requirements, there is clearly a need for a mortuary in the district.

Degrees in State Medicine are, we understand, about to be instituted in Edinburgh. This step—eminently one in the right direction—will, we hope, be followed by other seats of learning on both sides of the Tweed.

The Select Committee appointed to inquire into the operation of the Adulteration of Food Act, 1872, has issued its report. We shall enter more fully into its contents in an early number.

Mr. Goodall, medical officer of health for the Wolstanton rural sanitary district, reports that the water-supply in many parts of the district is "very bad and miserably deficient."

Mr. Charles Grabham, M.B. Lond., has been appointed to the Coronership of the Honour of Pontefract, which is in the gift of the Chancellor of the Duchy of Lancaster.

The amount of the Metropolitan Hospital Sunday Fund is now £28,000.

REPORT
OF
The Lancet Sanitary Commission
ON
THE INFLUENCE OF CERTAIN CHEMICAL MANUFACTURES ON HEALTH.

No. III.—WHITE LEAD.

Before the effects of lead on the sytem were properly understood, and prior to the investigations which demonstrated the various sources from which the poison might be derived, outbreaks of colic were extremely frequent, and in some districts, as Devonshire, Poitou, and certain of the West Indian Islands, the disease was even endemic. Now, however, except among house-painters, or those engaged in the manufacture of white lead, the affection is extremely rare. We called attention a fortnight ago to the large number of cases of lead-poisoning now under treatment at the East-end of London, from the numerous white-lead factories in that district.

The causes that induce lead impregnation among the operatives engaged in the manufacture of white lead have been investigated by our Sanitary Commission, and, as the question is of present interest, we give our readers their report. The inquiry originated at Newcastle, where our attention was forcibly drawn to the numerous cases of lead-poisoning admitted into the Newcastle Infirmary, and the still larger number, suffering from the same cause, treated as out-patients at the Dispensary, or by the private practitioners of the town. The manufacturers courted the fullest investigation, and expressed themselves anxious to adopt any method that would put a stop to the evil. The manufactories visited were those of Messrs. Ismay and Son, Messrs. James and Co., of Newcastle, and Messrs. Foster, Blackett and Co., of Hepburn. The process of manufacture and the precautionary measures adopted were the same in all the factories.

The process of manufacture may be divided into six separate stages:—1. *Making the lead plates.* This is done by pouring molten lead into shallow moulds about eight inches long and four broad. The lead must be free from any trace of iron, otherwise a yellow tinge will be given to the white lead.—2. *The exposure of these plates to the fumes of acetic acid.* The lead plates are rolled into coils, and separately plunged into an earthen pot, half filled with dilute acetic acid, and standing in a bed of spent tan. The pots are arranged in numerous rows, and covered with boards. On these another bed of tan is spread, more earthen pots with lead coils placed, and so on till several tiers are formed. The decompositions that ensue are numerous and complex. First a basic acetate of lead is formed; this is gradually decomposed by the carbonic acid given off from the decomposing tan, and normal acetate and carbonate of lead is formed; the normal acetate acting in a fresh portion of lead is converted into basic acetate, which, in turn, becomes carbonate. When the process is complete, the sheets of lead, now covered with thick flakes of white carbonate, are removed from the tan.—3. *Removing the deposited carbonate from the lead plates.* The coil is unrolled, and the carbonate picked off and placed in baskets. This work is done by women, and is perhaps the most dangerous part of the whole process with the exception of packing.—4. *Levigating and grinding.* The baskets filled with the white lead scales are now broken up under water; this operation is performed in leaden troughs by means of rakes; when thoroughly washed it is passed through powerful grinding mills, and reduced to a fine paste. Little or no danger ought to attend this part of the operation; the hands, if proper care be taken, need not come in contact with the lead, and the operation being conducted under water, the powdered carbonate cannot rise up and cover the workman.—5. *Drying.* The white paste is collected in small basins and dried at temperatures of 170° and 190° Fahr. in stoves. This process would be dangerous if the workmen entered the stove whilst the air was still hot, but it is rarely necessary for them to do so till the temperature falls to the level of the outer air. In the stove the men are supposed to wear respirators, but many dispense with this requirement.—6. *Packing.* This is the most dangerous part of the whole process. The dry, brittle carbonate is removed from the stove to the packing-room, and is then broken up and placed in barrels ready for export. Women and young girls do this work, and the dust arising from the highly dried white lead covers their clothes, hands, and face, and unless they take the precaution of covering their heads, the poisonous dust penetrates to the roots of the hair.

Of the operatives employed, three-fourths are women. These work by the piece, and earn from 6s. to 12s. a week. They are drawn from quite the lowest class, and are extremely intemperate in their habits, and wilfully neglect the simplest precautionary measures. This, and the fact that they are engaged in the most dangerous part of the process, account for their being so severely visited with the effects of lead impregnation. The men, who are of a better class, and receive higher wages, pay more attention to the precautionary rules, and consequently are rarely affected. One fine old fellow had worked at Foster and Blackett's thirty-seven years, without having suffered, had always been steady, and had used precautions. He said the intemperate were the great sufferers, steady, respectable men always escaping. A workman at James and Co.'s had worked twenty-five years among white lead, had colic twice in that time, but on both occasions it was after neglecting the precautionary measures. The measures adopted to prevent the entrance of lead into the system would be effectual if vigorously enforced. But this is not the case; we were painfully struck with the want of proper supervision. Some women, the older especially, wore coverings over their heads to protect the hair from the poisonous dust; others did not. A few wore respirators, but only a few; and although the

arrangements for washing were admirable, there was no person to enforce the regulation that the hands should be washed before meals.

If the evil is to be combated, the precautionary measures must be vigorously enforced by fines or dismissal. A superintendent should be appointed at every factory to see that the operatives carry out the measures to their fullest extent. In addition to the precautions now employed, we would suggest the use of strong leather gloves for those actually obliged to handle the white lead. The head should be completely covered in all cases, and respirators worn in the packing and store rooms.

In conclusion, we have to thank Dr. Philipson, Dr. Page, Dr. Armstrong, and Mr. Newton for their kind assistance during our inquiries, and, attention having been drawn to this important cause of disease in the town of Newcastle, these gentlemen, we are sure, will use their best efforts to induce the manufacturers to enforce the precautionary measures more stringently.

GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

Session 1874.

THE Session of the General Medical Council commenced on Thursday afternoon, in the new premises, the late College of Chemistry, Oxford-street, Dr. PAGET in the chair. The changes in the *personnel* of the Council since last year were as follows:—Dr. Rawdon Macnamara in the place of Mr. Hargrave, Dr. James Warburton Begbie in the place of Sir R. Christison, Professor W. Turner in the place of Dr. Macrobin, and Dr. Daniel Rutherford Haldane in the place of Dr. Alex. Wood.

Two chief points worthy of notice in connexion with the opening of the business of the General Medical Council are the new premises, and the new president, who, happily, for the present at least, is the old one, Dr. Paget, of Cambridge. Dr. Paget's speech was conceived in admirable taste, and the unanimity with which he was re-elected is the best testimony he can have to the opinion which the Council entertains of his services during his tenure of office. As to the new premises, they are in such an unfinished state that criticism of them at present would be unfair. The large room, formerly the theatre of the College of Chemistry, is certainly large enough, but it is at present bare and unfurnished, and uninteresting. Though lofty, it is badly ventilated, having no side windows. It is not favourable for speaking purposes—that is to say, for hearing what is spoken. The gallery assigned to reporters was at once objected to by them, when accommodation was courteously found for them on the floor of the Council-room.

An attempt of very questionable kindness was made by Professor Turner, seconded by Dr. Storrar, to keep the reports of visitors of examinations confidential. It was even suggested that during their discussion reporters should be excluded. Fortunately this attempt failed. Dr. Haldane, the new representative of the College of Physicians of Edinburgh, with most praiseworthy promptitude, rose to say that, as representing one of the bodies which had been visited, and whose feelings might be considered in such a motion as Professor Turner's, he should prefer the earliest discussion—as we understood, the public discussion—of the reports. Dr. Quain moved that a committee should prepare a report on the reports of the visitations. Such a motion looked like giving an opportunity for making the reports more palatable or presentable. Though this was not Dr. Quain's object, as he was careful to say, the general feeling was against anything but what was moved for by Sir William Gull—viz., the early discussion of the reports as they stand.

The PRESIDENT, in opening the session, congratulated the members upon the acquisition of the new premises, and expressed the thanks of the Council to the Government and the Office of Works for their efforts in reference to the new building. The house, he said, had not been obtained on quite as favourable terms as might have been desired, but, nevertheless, on terms which demanded acknowledgment on the part of the Council. He then proceeded as follows:—In opening the session of this spacious hall, I have one regret only—that all those who sat with us in Council last year are not here to-day. Four of them are absent. Sir R. Christison, whose words added weight to any debate, whose name has for so many years been known and held in respect wherever medicine is studied, representing, as he does, in the highest degree, all that for which his University has long been famous. Alexander Wood, who, like Christison, was from the first a member of the Council, and whose great capacity for business, and equal, or even greater gifts of oratory must have made him a marked man in any position in which he might have been placed. Macrobin — kindly, candid, honest, and able. I think it one of the many happy incidents of my connexion with the Council that it gave me his acquaintance, and, I hope, his friendship. And we miss, too, the genial smile of our friend Mr. Hargrave. But our new colleagues must not think themselves less welcome because we do not forget their predecessors. We see in their presence that, however great may have been any one of our losses, it is not too great to be replaced. Since the last meeting of the General Council the examinations of some of the medical authorities have been visited and reported on. It would be superfluous for me to say much of these reports. They tell their own tales, and tell them with such manifest ability as to require no commendation of mine. And they do more than convey information respecting particular institutions. They raise some questions of a general kind, the discussion of which cannot fail to be serviceable to that which is our great object, the advancement of medical education and of the standard of acquirements in our profession. But though I say no more than this of the reports themselves, I may be expected to make some mention of the arrangements of the Executive Committee for carrying out the visitations. In the selection of visitors, regard was had to prior experience as examiners. Their number was purposely limited, so as to allow of one visitor inquiring into the examinations of more than one licensing body, and thus helping to guide us towards an equivalency of standards in parallel cases. I am sure that the Council will think the Executive Committee fortunate in having obtained the services of men so eminently qualified, and whose statements and opinions are entitled to so much respect. By two gentlemen only were the invitations declined—by Dr. John Ogle and Mr. Teale of Leeds, and in both cases with expressions of regret at their inability. We lost the valued services of Mr. Holmes on his appointment to the Board of Examiners of the College of Surgeons of England. His nice sense of propriety perceived an incompatibility in the two offices. In all cases, when practicable, a physician and a surgeon were associated in the visitation. No notice was given beforehand to the body about to be visited. The intention to visit was, I believe, in all cases kept secret. The reports have not been subjected to any revision by the Executive Committee. In no case has even a single word been altered after the reports had been sent in. As to any instructions beforehand, none were given except such as were needless in the case of such visitors. They were no more than that the reports should be thorough and unfettered—just what the visitors might observe and think for themselves. Another work that has been done since our last meeting is the compiling and publication of the additions to the Pharmacopœia. A report of the Pharmacopœia Committee will bring this under your consideration, and will, I doubt not, meet your approval. Only a few words more—my last words I may call them—and pray, under the circumstances, forgive their egotism. Five years ago the Council did me the honour of electing me their president. This very day is the anniversary of my election, for I was elected on the 9th of July at 6 P.M., or thereabouts. In a very few hours, therefore, my period of office will be at an end. The honour bestowed on me five years ago was the highest I ever received—the highest

I should ever care to receive. I am very conscious how small a return I have made for this distinction. But I have endeavoured to make such a return as you would most approve of; for I have tried to discharge my duties to the best of my ability. All honours have their responsibilities, and mine has been no exception. As president, I have been more responsible than any other member for the efficient discharge of the duties of the Council. And our joint responsibilities are not light. For they are of the same kind, and manifold more weighty than the every-day responsibilities of our profession. Like them, but in a larger sense, they are responsibilities to be measured by men's lives and men's sufferings. To raise and maintain a high standard of acquirements in those who enter our profession is our main duty here. To neglect this duty would be to let men die whose lives might be saved, to let men suffer whose health might be restored. But in all responsibilities or difficulties, and amidst the many shortcomings of which I am sensible, I have always been sure of the support of the Council. Their kindness has never once failed me. During the entire five years of my office there has not been one single instance in which I have been treated otherwise than with the utmost kindness and consideration by all members of the Council, collectively and individually. I wish I could adequately express my gratitude. Happily our responsibilities are limited by the extent of our powers and by the proportion that our powers bear to the largeness and difficulties of our task. The powers given to the Council by the Medical Act are but slender. Its main task—that of elevating medical education—is a large one. All great educational improvements are great tasks. And though ours be in one sense limited, being confined to one profession only, in another sense it is very large, for its extent is the area of the whole United Kingdom. This is indeed a fact of which the Medical Council may well be proud. Our Council is, as far as I know, the only body, except the Houses of Parliament, of which both the constitution and functions are truly imperial—the only body in which English, Scotch, and Irish representative men meet together to consult upon and devise measures that shall be common to all three divisions of the kingdom. In this the Medical Council sets an example that may well be envied, and might with advantage be imitated. But in this, which may well be our boast, is also, it must be admitted, one of our difficulties. The improvements, to be effectual for their purpose, must proceed *pari passu* throughout the whole United Kingdom. And another impediment to rapid progress is, that our members, English, Scotch, or Irish, are—and I would say must be, or ought to be—for the most part *practitioners* of medicine; men, therefore, busy at home, and meeting perhaps only when assembled together in our annual session, bringing therefore greater diversities of opinion than might perhaps be found if their intercourse were more frequent. But notwithstanding these obvious difficulties, and though time is found by experience to be a great and necessary element in all great educational improvements—though we have not hitherto succeeded in simplifying our work by reducing to a small number the nineteen separate sets of examiners—yet our success has not been discouraging when compared with our powers. It may be, and doubtless is, difficult to estimate the progress that has been made; but, at all events, we know that a few years ago a man could enter our profession without producing any evidence whatever of general education. Now a preliminary education is enforced on all, and the proofs of this are given in almost all cases prior to the commencement of medical studies. The future influence of this on the social status of our profession can scarcely be overrated. We know that a few years ago only three or four of the licensing bodies made clinical examinations a part of their tests of fitness for a diploma. This test was even spoken of as objectionable. Now all the bodies insist on it. We know that a few years ago, in the examinations for medical commissions in the army or navy, it was not uncommon to find about 40 per cent. of the candidates ignorant and incapable, though already in possession of diplomas both in medicine and surgery. Of late these discreditable failures have become so few as to be almost, if not quite, insignificant. I am happy to say that on the very last occasion of examinations for army medical commissions, that of March, 1874, which will be laid before you to-day, there was not one of them—not one of these failures. And surely the like signs of improvement are equally manifest throughout our profession. Teachers tell us so. Laymen have no doubt of it. Certainly my own experience is so. I know not a few young village practitioners whose acquirements might have placed them, a few years ago, in the foremost rank of practitioners in large towns. I do not claim for the Medical Council all the credit of these improvements. Something is due to the admirable spirit for doing better and better, which pervades our profession, and is kept alive by the medical journals. Some share of the credit may also fairly be given to the licensing bodies. All of them have improved their examinations, and some of them have set an admirable example and seconded this Council with a most praiseworthy public spirit. May I venture to add, to what I have already said, that the limitation of our powers both in education and still more in other matters relating to our profession—that our difficulties and the degree of success actually attained by us—have become better known to the profession at large than they were some five years ago; that it is now more clearly seen that the Council has not the same freedom of action as a voluntary association—that it cannot take part in all matters that concern the profession, that many such matters, however interesting and important to the profession, are altogether beyond or beside the functions of the Medical Council as defined by Act of Parliament, and that the Council is less obnoxious to blame than was formerly supposed for want of energy in dealing with the licensing bodies. Have we then in that which is our chiefest duty—the providing for the public the best possible medical advice—have we yet attained that happy standard of excellence at which we may rest and be thankful? I am very far from thinking this. I am far from thinking that the actual state of things is *satisfactory*. Nothing indeed is *satisfactory* which admits of further improvement. That there is room for further improvement is not doubtful. But enough has been effected to encourage the Council in doing more. 'Tis true that the powers given to it by the Medical Act are slender, but it has an influence more ready and sure in its operation than the statutable coercive power, which could be exercised only through an appeal to the Privy Council, and which would probably fail except in case of very plain dereliction of duty on the part of the offending body. The chief power of the Council, as I believe, is that which it gave itself, when, on the motion of our friend, Dr. Andrew Wood, the Council determined that its debates should be *public*. The agency of the press, giving publicity to our debates and proceedings, has, I believe, more than doubled the power of the Council—doubled its power for anything that is right and reasonable—doubled, and more than doubled its influence with the licensing bodies in any question in which this Council may be in the right, and they in the wrong. I have therefore no fear as to the future of the Medical Council. It has before it a career of usefulness which I am sure will be followed with success. Its main purpose is of the highest national importance. How this may *best* be effected will be for you to decide, and is not for me to indicate. It would be unbecoming for me to talk of what should be the work of the Council in the coming time when I shall no longer be a member of it. I shall look on, from a distance indeed, but with unceasing interest, and with the respect which I have long learned to feel, and shall never cease to feel, for the Medical Council. I will now resign my chair, and leave you to choose my successor.

Dr. Paget then retired from the Council. A vote of thanks was unanimously accorded to him for his services, and Dr. Andrew Wood proposed his re-election, which was seconded by Dr. Apjohn, and unanimously adopted. A messenger was at once despatched to Dr. Paget, who had left the building. On his return he was informed of his re-election; and on again taking the chair he expressed his high sense of the honour conferred upon him; adding, however, that he could not hold the office longer than the present session.

A report of the Executive Committee as to the new premises was received, and a vote of thanks passed to Dr. Quain for his services in connexion with the Committee.

The reports of Visitations of Examinations were then received, but the discussion on them was deferred.

Several cases of alleged professional misconduct were brought before the Council, with regard to one of which a

committee was appointed to consider the matter and report upon it. On the motion of Dr. Acland, seconded by Dr. Apjohn, it was resolved, "That copies be obtained of the Report of the Committee of the House of Commons on the Adulteration of Food, and that a committee be appointed to consider the bearings of the report on the qualifications in State medicine or in public health instituted by any of the bodies in Schedule (A) of the Medical Act."

The Council then adjourned.

A more detailed report of these proceedings will be given next week.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

DR. LUSH, M.P., who has presented numerous petitions from Poor-law medical officers praying that no additional unpaid labour should be imposed on them, either by the order of the Local Government Board or by boards of guardians, will, before the close of the session, move for the circular letter forwarded by the Local Government Board on the 23rd of March, 1874 (signed "J. Lambert"), and call the attention of the House to the injustice perpetrated by the department. Dr. Brady, to whom the service is indebted for successfully carrying the Poor-law Medical Officers' Superannuation Act, had contemplated introducing a Bill rendering it compulsory on boards of guardians, under certain restrictions, to grant superannuations; but, in consequence of the great arrears of public business and other causes, he considered it would be injudicious to press a measure, and has therefore decided to adjourn the subject until next year, when he hopes to be enabled, with better prospects of success, to deal with this question. On this account he has not presented any of the numerous petitions which have been forwarded to him, as he is holding them in reserve for next session.

THE COLLEGE OF SURGEONS.

THE annual meeting of the Council of the College of Surgeons was held on Thursday, the 9th inst., when the newly-elected councillors took their seats. The annual election of officers took place, when Mr. Le Gros Clark was elected President, and Sir James Paget, Bart., and Mr. Prescott Hewett Vice-Presidents for the ensuing year. Mr. Henry Lee was elected Professor of Surgery and Pathology, Mr. W. K. Parker Professor of Comparative Anatomy and Physiology, and Mr. Erasmus Wilson was re-elected Professor of Dermatology.

Correspondence.

"Audi alteram partem."

THE SEPARATION OF ACIDS FROM THE ALKALINE BLOOD.

To the Editor of THE LANCET.

SIR,—In writing to you on the above subject I do not wish to depreciate the value of the experiments made by Dr. Ralfe, and noticed by you in last week's LANCET, but simply to point out that there are other reasons alleged by various experimenters which are at least as satisfactory as those you have noticed.

The conditions of electrolysis under which the experiments of Dr. Ralfe were performed are absolutely impossible within the body, for if the glass tube be considered as the artery, then it has a property of non-conduction not possessed by the artery, besides an internal diaphragm and an actual electrical current; and if, as I take it, the diaphragm represents the walls of the artery, then we must have a condition which cannot exist—viz., within the artery we must have sodic bicarbonate, and external to it—i.e., in already secreted urine—we must have disodic-hydric-phosphate, or neutral salt, which is changed to the acid salt after secretion.

This again demands that we admit the acid phosphate to be the cause of acidity in urine, which is by no means certain, for some hold free carbonic acid to be the cause, others uric and hippuric acids, and Dr. Thudichum, in his researches for the Medical Department of the Privy Council, believes it to be due to a new body, which he terms kryptophanic acid.

It seems to me also improbable that two forms of carbonate of soda should exist together in the blood so constantly.

With regard to the modification of the first experiment, in which sodium chloride is substituted for the neutral phosphate of soda, I would direct attention to the theory of Thudichum, which well deserves consideration—viz., that water and sodium chloride react on one another to produce hydrochloric acid and sodium hydrate, the former to be utilised for gastric digestion, the latter to protect the coats of the stomach from corrosion, an effect produced after death, when the blood is no longer circulating, and to be carried away to the liver to act as the base of the bile acids. Neither of these theories, however, accounts fully for the facts, because in gastric digestion lactic and acetic acids are always to be found as well as hydrochloric acid.

I am, Sir, yours truly,

Physiological Laboratory, St. George's Hospital, July 4th, 1874. S. W. MOORE.

SUBCUTANEOUS SECTION OF THE NECK OF THE FEMUR.

To the Editor of THE LANCET.

SIR,—The following case shows that section of the thigh-bone is suitable to a *second* set of patients.

A. B——, aged eight years, the subject of dislocation of the left femur on to the dorsum ilii. There is a history of hip-joint disease beginning four years ago, and of great deformity during the last two years. The thigh is flexed at a right angle; there are two inches of real shortening, but true anchylosis does not exist. On July 1st I divided the neck of the bone by subcutaneous section, after the manner suggested by Mr. W. Adams. The operation occupied about three minutes, and a dessert-spoonful of blood was lost.

The temperature rose one degree on the following day, and then dropped to normal, where it has remained. There is no tenderness about the hips, and no discharge.

Mr. Mitcheson, H.S., writes (July 7th):—"The little girl in Blizard ward, the neck of whose femur you divided last Wednesday, has done famously; I caught sight of her this morning kicking her legs about with the greatest ease." This case shows that the operation may safely be adopted even though true anchylosis does not exist, as was the condition in patients hitherto operated upon.

I am, Sir, your obedient servant,

C. F. MAUNDER,
Surgeon to the London Hospital.

Queen Anne-street, Cavendish-square, July 8th, 1874.

DELIVERY IN CASES OF CONTRACTED PELVIS.

To the Editor of THE LANCET.

SIR,—In reading Dr. Poole's case of contracted brim, one cannot but sympathise with him in the case. They are bad cases, and oftentimes end unfortunately. Would not the Cæsarean section have offered as good a result? One lately occurred in Birmingham under, I think, Dr. Foster, which was related in THE LANCET. I fancy, at full term, when the antero-posterior diameter is so narrow, that, however skilfully instruments may be used, contusion and sloughing must result; there is an absence of room, or, rather, it is filled by want of development of the hard parts, consequently delivery *per vias naturales* is generally most difficult; though section through the abdominal parietes is scarcely so formidable, and if the patient gets through the immediate effects of the operation her chances of recovery are certainly as good, if not better. At any rate, ovariotomy holds out a beacon from which we may glean the fact that opening the abdominal cavity is not so fatal as it has been imagined. One word as to the head in utero. When time and oppor-

tunity permit, I shall be happy to relate the notes of a case where removal was effected with the *straight forceps*, and with satisfactory results.

I am, Sir, your obedient servant,

A. H. MORRELL, M.R.C.S.E.

Late House-Surgeon, General Lying-in Hospital.

Gloucester, July 4th, 1874.

MEDICAL WITNESSES' FEES.

To the Editor of THE LANCET.

SIR,—In a former communication on the above subject, which you did me the honour to insert in your valuable journal, I gave the plain facts of a case that had occurred to me while house-surgeon to the Lancaster Infirmary and Dispensary, and also a copy of a letter from the police-superintendent declining to pay my fee.

I am happy to say that the subject was brought before the magistrates at their next meeting (after the appearance of my letter in your journal) by a member of our profession, Mr. Christopher Johnson. Their opinion and that of their clerk was that my fee should be paid by the corporation, who prosecuted the case.

The subject was then brought before the members of the corporation at their next meeting, and they unanimously agreed that my fee should be paid, and I have subsequently received it.

I have, in conclusion, to express a wish that other members of our profession who have been similarly treated may be as fortunate, and also to thank my friends who took up the matter.

In justice to the magistrates and corporation (amongst whom, luckily, we have medical men), you will oblige me by giving this insertion.

I am, Sir, your obedient servant,

Lancaster, July 2nd, 1874. WILLIAM BERRY.

BIRMINGHAM.

(*From our own Correspondent.*)

THE Town Council of Birmingham are seriously considering the improvement of the sewage-system of the borough, and an elaborate report on this subject has been prepared by a sub-committee. The first part of the report refers to the difficulties which have long existed between the Corporation and Sir Charles Adderley respecting the pollution of the river Rea by sewage. The present system of disposing of the sewage is to receive it in large tanks at Suttley, there to disinfect it, and to allow the effluent water to pass into the river Rea. This effluent water has been analysed by Dr. Voelcker, and the following is a summary of his analysis:—"The average effluent sewage was quite free from all offensive odour, clear, and bright, and only slightly coloured; and in my judgment was purified to such an extent that it may safely be discharged into a watercourse without risk of creating a nuisance, or causing annoyance to any reasonable person." The new system—i. e., the use of pans, which are emptied at the expense of the Corporation—is now at work in 2620 privies. A few complaints have been made of their substitution for the "ash-pits" formerly in use, but it appears from the report of the Superintendent of the Interception of Night-soil Department, that the complaints have entirely been caused by defects in the construction of the new privies. The alteration from the old midden system to the new system has been carried out in 2700 cases, and that this has not pressed heavily upon the holders of property is proved by the fact that between two-thirds and three-fourths of them had been voluntarily altered by the owners of property without persuasion or pressure of any kind. Owners are at the present time pressing the committee to continue making alterations, and to undertake the "collection" with greater rapidity. At present this is done only twice in the week.

The Registrar-General's returns show a mortality in the borough of 23·9 per 1000. Of the 164 deaths, 17 were from variola, 15 from scarlet fever, proving what was referred to in my last letter—viz., the necessity of providing the accommodation required for isolating cases of scarlet fever as well as of small-pox when they occur in the houses of those *non-paupers* who are unable to obtain in their own houses the attention and accommodation necessary to isolate them and prevent the spread of infection. The mortality from small-pox has risen from 14 to 17, and from scarlet fever from 10 to 15.

The twentieth annual meeting of the Birmingham and Midland Counties Branch of the British Medical Association was held on June 23rd. The Secretary's report showed 311 present members; 24 new members have joined during the year. The Pathological section and the Microscopical section continue to work well and are well attended. Attention was drawn to the pleasing fact that the Hastings medal was carried off by a member of the branch, Mr. Lawson Tait; further, the merit of the second essay was so high that a second medal was awarded to its author, Dr. Edward Malins. The President then delivered his inaugural address on "Habitual Drunkards, or Dipsomania," upholding the opinion that it was a definite psychological condition, which ought to be looked upon as a disease, often rendering its victims as powerless to help themselves as those in lunatic asylums, and for the proper treatment of which inebriate asylums ought to be provided.

Birmingham, July 6th, 1874.

PARIS.

(*From our own Correspondent.*)

IN several of my recent letters I have alluded to the various plans of reform in medical teaching, medical institutions, &c., which are now being discussed in Parliamentary committees, at the Faculty of Medicine, and elsewhere. The most important of these measures, inasmuch as it includes all the others and will be the first to have attention, is that relating to "freedom of superior teaching," which for the last two or three years is being studied and prepared by a special commission belonging to the National Assembly. The general drift of the rules settled upon and decided by the commission was to accord liberty of teaching to any individual teacher or corporation who could combine certain conditions, and to limit the number of examining bodies, with the power of granting diplomas, to two faculties, selected and authorised by the Government. M. de Cumont, the new Minister of Public Instruction, who was called upon the other day to express his views before the Commission, supported, strange to say, an exactly opposite theory, and thought that the aim should be to restrict the number of authorisations to teach, whilst the power of examining and granting diplomas might be allowed to all the free universities. His motives for concluding as he did were that by granting liberty of teaching to any and everybody there would be no end of abuse, whilst the limited number of free universities in existence was a guarantee that the standard of public instruction would not be lowered. These views have not been adopted by the Commission, who have maintained the character and wording of their report.

It would seem that something at length is going to be done for the small dingy rooms opposite the School of Medicine known as the Ecole Pratique, and where the dissecting and anatomical teaching of the Faculty are carried on. The whole edifice is going to be rebuilt, though the sum of £400 recently voted by the Assembly seems scarcely enough for the purpose. Probably, on account of the present peculiar circumstances of the country, and the immense difficulties of the budget, it is impossible to do more. Thus the Budget Commission, which had been called upon to make a great many grants of money for scientific purposes, have refused the most part, or granted much smaller sums than were necessary. The Minister of Public Instruction had, amongst other things, asked for a sum of about 50,000 francs, which would have enabled him to raise the salary of the professors at the School of Medicine. These get only 7000 francs annually (£280) of fixed honoraria, and a casual sum of about 3000 francs, varying with the net receipts of the Faculty, whilst the professors of all the other Govern-

ment faculties are paid 14,000 francs (£560) a year. The Commission's answer is that the financial state of the country cannot for the present allow this increase, and it winds up with the consoling remark, "that, furthermore, in taking this decision, they think they have respected the dignity of the professors, who are surrounded by the esteem of the public." The *agrégé* professors have been fortunate enough to have the miserably small sum of £40 which they used to receive increased to double the amount.

Whilst on the subject of the grants of money voted by the Commission for medical purposes, I may just add that £400 have been accorded for furnishing with instruments the new laboratory of the Hôpital la Charité, and £100 for completing the other new clinical laboratory, that of the Hôtel Dieu.

At the last meetings of the Municipal Council, MM. Belgrand and Alphand presented their supplementary reports on a most vexed question here, that of the transferment of the Paris cemeteries to several miles from the city, or rather the adoption of distant burial-grounds for the Paris population. It is becoming quite obvious that from a hygienic and practical point of view the present Paris cemeteries (Père la Chaise, Montmartre, &c.) are now overcrowded, and can scarcely admit further bodies much longer. There is, however, a very strong feeling in the public mind against any such changes as those contemplated by the municipal authorities. The reports of MM. Alphand and Belgrand, after investigating the subject from every possible point of view—geological, hydrological, hygienic, economic, and administrative—conclude in favour of the creation of two vast cemeteries, one to the north, near Mery-sur-Oise, and the other to the south, between Wissows and Massy. "As to the respect for the dead," concludes the report, touching upon the sore point of the question, "it requires us to select a place of rest which will be far enough removed from a great city and populated centres as to make us sure that we will not be obliged to abandon it after a certain number of years, and to avoid the possibility of the painful sight and of the unhealthy consequences which were witnessed when the old burial-grounds of the Invalids and of other parts of Paris were upturned some time since."

The War Department has just issued its annual statistical account of the health of the army during the whole year of 1872. These official documents, published yearly, are always of exceeding interest; the present one, however, is even more so, as it takes in the year which followed immediately upon the war, and brought on several important reforms in the organisation of the army. As to the years of the war, 1870 and 1871, the statistics have not been published. The document mentions that for the year 1872 the strength of the French army was 429,973 men, but the number of men really present was only 358,569. The number of admissions into the hospitals is put down as 109,209, being 302 to every 1000 men present. In 1869 (the last document before the war) the corresponding figures were 365 to 1000. This, therefore, shows a marked improvement. Considered individually, the numbers of admissions into the home hospitals and the Algiers hospitals present a striking difference. In the first of these the proportion of admissions was 251 to 1000 men present; in the latter 490 to 1000. As to the corps or bodies which furnished the greater number of sick men, they follow thus: equipages and workmen, cavalry, light infantry, artillery, infantry of the line, special corps, and, lastly, hospital attendants. The proportion of deaths has been 9·45 to 1000 (not present, but effective), 8·97 to 1000 at home, 11·98 to 1000 in Algeria. The mean rate of mortality during the eight years 1862-69 having been 11·41, there has obviously been a decrease. The number of deaths brought on by disease was in the proportion of 8·51 to 1000 men; by accident, 0·64; by suicide, 0·34; all these figures being inferior to those of the preceding years. The principal causes of death were: first, as always, phthisis, having caused 2·06 deaths to 1000 men, and 21·7 out of a total number of 100 deaths; next, as invariably, typhoid fever, with 1·56 deaths to 1000 men, or 16·4 out of a total number of 100 deaths. Malarial fever, dysentery, diarrhœa, and hepatitis, have of course notably increased the mortality of the troops in Algeria. Pleurisy and pneumonia reckon for 206 deaths, or 5 out of 100 deaths. The death-rate of pulmonary phthisis (2·06 to 1000) is less than in 1869 (2·27 to 1000). But the diminution of the death-rate in typhoid fever is especially striking: from 2·25, which it was in 1869, it fell to 1·56 (to 1000) in 1872. I will return to these valuable statistics in some future letter.

The recent *concours* at the Assistance Publique for the appointment of three physicians to the Paris hospitals has ended in the nomination of MM. Gerin-Roze, d'Heitly, and Lepine.

It is with much regret I record the death of a distinguished medical worker, Dr. Alphonse Leteinturier, of this city. He was known and highly esteemed in the Paris hospitals, amongst his colleagues and the patients, as a talented, devoted, and kind house-surgeon. The zealous way in which he fulfilled his arduous duties and worked at his various *concours* contributed to break down a constitution which had always been delicate. About two years ago he went down to Algiers a sufferer from the first stage of phthisis, and came back much benefited by the climate. The disease, however, pursued its onward course, and Leteinturier has just died at the early age of thirty-two.

Preparations are going on for the forthcoming meeting of the French Association for the Advancement of Science at Lille. The meeting will begin on August 20th, and last till the 27th. A great many excursions to the environs of Lille are contemplated. The president of the local committee will be Mr. Kuhlmann. As to the committee itself, it is composed of scientific and industrial notabilities of Lille and the department of the Nord, and also includes the Prefect of the department, the General commanding the Military Division, the Mayor of Lille, and Baron de Rothschild, President of the Council of Administration of the North Railway. M. Adolphe Wurtz, Dean of the Paris School of Medicine, is President of the Association for the present year. I may just add that should any information be needed, it may be had by writing to the "Secretariat" of the Association, Rue de Rennes 76, of this city.

Paris, July 7th, 1874.

Obituary.

DR. JOHN FITZGERALD CHARLTON, R.N.

WE have this week to record the death of Dr. John Fitzgerald Charlton, R.N., late staff-surgeon Royal Marine Artillery, which took place at his residence, Phœnix Villa, Lewisham, on the 11th ult.

He commenced his career as a student of Trinity College, Dublin, but subsequently took his medical degree in Scotland, and was a member of the Royal College of Surgeons, London. In 1832, when the civil war broke out in Portugal between Don Miguel and Donna Maria, he obtained a commission as assistant-surgeon to a regiment of volunteer cavalry then being raised in London, and proceeded to Oporto, where he found himself compelled to take a very active part in the defence of that city, which was besieged for nine months, the inhabitants enduring great hardships and privations. He afterwards joined the flag-ship of the late distinguished Admiral Sir Charles Napier, and was present, under his command, at the battle of Cape St. Vincent, which resulted in the total defeat of the Miguelite squadron.

On returning to England he was made an assistant-surgeon in the Royal Navy, and proceeded to the Coast of Africa, where he served for four years on board H.M. ships *Dolphin* and *Wolverine*, then actively engaged in the suppression of the slave trade. From 1841 to 1845 he was attached to the Naval Hospital at Chatham, and, on promotion to full surgeon, joined the *Alecto*, proceeding in her to South America, and was present during the short engagement and operations which took place in the Rivers Plate and Parana, subsequently joining H.M.S. *Comus*. After returning from South America, he completed a three years' commission on board H.M.S. *Growler* in the Mediterranean.

In 1851 he volunteered for service with the Expedition in search of Sir John Franklin, and proceeded to the Arctic regions in H.M.S. *Phœnix*, for which service he received the Arctic Medal. He was next appointed to H.M.S. *Bescawen*, in which vessel he proceeded to join the fleet in the Baltic Sea, under the command of his former chief, the late gallant flag officer, Sir Charles Napier. During the Russian War he received the Baltic Medal. On returning home in 1857 he was appointed surgeon to the Naval Hospital at

Ascension, and for his distinguished professional services during a virulent epidemic of yellow fever at that island, and in the fleet on the Coast of Africa, he was appointed, in 1859, Staff-Surgeon to the Royal Marine Artillery, to which gallant corps he was attached for ten years, eminently esteemed and respected by his brother officers, as well as by the men (and their families) of the regiment.

His loss is now deeply mourned by a wide circle of relatives and friends, to whom he had long greatly endeared himself by his modest, humane, and genial disposition.

J. H. SIMPSON, M.B.

WE regret to have to record the demise of Mr. Simpson, of Pontefract. The circumstances that occasioned his death were of a particularly melancholy character. Mr. Simpson had the misfortune to cut the palm of his hand slightly with a piece of glass, while drawing a cork, but the wound appeared to be healing slowly, though satisfactorily. A few days afterwards, however, inflammation ensued, and it is supposed that the injured part must have been poisoned while he was attending to the wounds of patients upon whom he had previously operated, or whilst engaged on a post-mortem examination. The disease began to spread, and it soon became evident that pyæmia had set in. The patient gradually grew worse, and died. Dr. Muscroft was his medical attendant, Mr. Jessop, of Leeds, being called in consultation.

The late Mr. Simpson was born in 1813. His earlier studies were conducted under the direct supervision of his father, and he afterwards proceeded to Caius College, Cambridge, where he successfully passed through the usual course of University study, and, with a view to the better qualifying of himself for his future profession, attached himself to Addenbrooke's Hospital. After graduating in the year 1839, he left Cambridge and entered the County Infirmary at Newcastle-on-Tyne as a medical student. Thence, after twelve months, he went to London and joined St. Thomas's Hospital, remaining there upwards of two years. In the year 1841 the Cambridge degree of Bachelor of Medicine was conferred upon him, and in the following year he was admitted a Licentiate of Medicine of his University and a Member of the Royal College of Physicians. He went to Pontefract and commenced practising as a physician in the year 1843, shortly afterwards marrying the daughter of the late Rev. A. Rogers, vicar of Rolvenden, Kent, who now survives him.

In addition to his private practice, Mr. Simpson held at different times various public offices, the principal being that of West Riding Coroner for the Honour of Pontefract. This post he held up to the time of his decease. He was also medical officer of health for the districts of Castleford and Whitwood, and so recently as the 10th of April in last year was appointed to a similar post for the No. 2 District of the Pontefract Poor-law Union. He was an active member of the Committee of the Pontefract Agricultural Society, and was one of those who first encouraged the volunteer movement in the town. Until lately he was an effective member of the company raised, holding simultaneously the post (which he retained until his death) of surgeon to the 4th Administrative Battalion of West York Rifle Volunteers. He was warmly attached to the Church and institutions of his country, and though he never sought distinction in the way of municipal honours, he was ever ready to assist in improving the town in which he had spent the principal part of his life.

The deceased gentleman has left a widow, five sons, and two daughters, and we understand that he will be succeeded in the practice by his son.

ALEXANDER CRAIG GIBSON, M.R.C.S., L.S.A.

THIS gentleman, who died on the 12th inst., at Bebington, near Birkenhead, was a good practical surgeon, esteemed by a large circle of friends for his many sterling, good qualities. Few men ever had so perfect a knowledge of his fellow-countrymen—the "Cumberland folk"—as Mr. Gibson, as evidenced by his numerous journalistic contributions on the subject, and especially in his book on "The Folk-speech of Cumberland," and the amusing *brochure* "Ramblings and Ravings of an Old Man round Conistone."

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on July 2nd:—

Cory, Frederic William, Buckhurst-hill.
Ranking, John Ebenezer, St. Bartholomew's Hospital.

The following gentlemen passed their Primary Professional Examination on the same day:—

Algernon Dutton Brenchley, Guy's Hospital; Henry Davis, Middlesex Hospital; Thomas Evans, King's College; Edward Manley Rodwell, Charing-cross Hospital; Arthur Bayley Vanes, Queen's College, Birmingham.

At the competitive examination for the prizes in Botany given annually by the Society to medical students, the Gold Medal has been awarded to William Andrew Shoolbred, of St. Bartholomew's Hospital, and the Silver Medal and Books to Francis Goodchild, of St. George's Hospital.

THE Library of the Medical Society of London will be closed until the 31st inst.

TERENCE O'M. AHERN, M.D., is a candidate for the coronership of the East Riding of the County Cork.

VIENNA EXHIBITION.—We are pleased to learn that Mr. M. Pillischer, the well-known optician and microscope maker, of New Bond-street, has been decorated by the Emperor of Austria with the golden cross and crown of merit as a mark of His Majesty's high approval of the very beautiful display of scientific instruments shown at the late Exhibition.

IRISH MEDICAL ASSOCIATION. — The following gentlemen have been elected office-bearers for the ensuing year:—President: Dr. Smith. Vice-Presidents: Drs. Benson, Darby, Haynes, Jameson, E. Kennedy, McClintock, Macnamara, Martin, Walsh, and Wharton. Council: Drs. Carte, Chaplin, Chapman, Churchill, Croly, Darley, Davys, Denham, Faussett, Jacob, Kidd, Kynsey, Labatt, Leonard, Mapother, Mayne, McDowell, Molony, Morrogh, Nolan, Porter, Seward, Usher, and Whistler. Chairman of Council: Humphrey Minchin. Secretary and Treasurer: E. J. Quinan.

BEQUESTS &C. TO MEDICAL CHARITIES. — The Royal National Hospital for Consumption at Ventnor, the East London Hospital for Children, and the Chelsea Hospital for Women have each received £300, and the Great Northern Hospital £500, under the will of Miss Mary Gray Ratray. The East Suffolk and Ipswich Hospital has received £500 under the will of Mr. Robert Woodward. Lady Elizabeth Cornwallis bequeathed £300 each to the Middlesex Hospital and the Royal Hospital for Incurables, Putney. The Baroness Mayer de Rothschild and her daughter have given £150 to the North-Eastern Hospital for Children, in memory of the late Baron Mayer Amschal de Rothschild.

Medical Appointments.

ARBUCKLE, H. W., M.D., L.R.C.P.Ed., L.F.P. & S. Glas., has been appointed Medical Officer and Public Vaccinator for the Stainforth District of the Thorne Union, vice Goodworth, deceased.

ATKINSON, E., M.R.C.S.E., has been appointed a Surgeon to the Leeds General Infirmary, vice Seaton, resigned.

BROWNE, W. H., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer for the Aldborough District of the Skirlaugh Union.

BUCHANAN, Dr. W., has been appointed Public Vaccinator for the second District of the Medway Union, vice Ely.

CAMPBELL, W., M.D., C.M., has been appointed House-Surgeon and Secretary to the Glamorganshire and Monmouthshire Infirmary and Dispensary, Cardiff, vice Vachell, resigned.

COLEMAN, H. W., M.R.C.S.E., has been appointed Surgeon to the Furnley Ironworks, Furnley, near Leeds.

DENTON, E. E., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for No. 2 District of the Leicester Union, vice J. Denton, M.R.C.S.E., resigned.

DUNCAN, A. J., M.D., L.R.C.S.Ed., has been appointed Attending Physician to the Dundee Royal Infirmary, vice Miller.

EDGE, A. M., M.D., M.R.C.S.E., has been appointed a District Surgeon to the Salford and Pendleton Royal Hospital and Dispensary, Manchester.

FINEGAN, Dr. J. S. F., has been appointed Medical Officer to the Finglas and Glasnevin Dispensary District.

FLAMSTEAD, W. R. D., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed House-Surgeon to the District Hospital, West Bromwich, vice Johnstone, whose appointment has expired.

FLEMING, J. N., M.D., has been appointed an Hon. Physician to the Newcastle-on-Tyne Dispensary, vice Aitchison, resigned.

GRAMSHAW, H., L.R.C.P.I., M.R.C.S.E., has been appointed Certifying Factory Surgeon for Walton-on-the-Naze.

HAWTHORN, W. T., M.R.C.S.E., has been appointed Medical Officer to the Workhouse, and Medical Officer and Public Vaccinator for the Northern No. 2 District of the Wellington, Salop, Union, vice Burchell, deceased.

HERMAN, G. E., M.R.C.S.E., has been appointed House-Surgeon to the London Hospital.

HOPE, Mr. J. W., has been appointed House-Surgeon to St. Peter's Hospital, vice Finlay, whose appointment has expired.

JACKSON, J., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer of Health for the Denholme-gate Urban Sanitary District: £50 per annum; acreage 2500; population 3456.

LETTERS, P., M.B., C.M., has been appointed Surgeon to the Middle Dispensary District, Dundee Royal Infirmary, vice Duncan.

MAC EWAN, D., M.B., C.M., has been appointed Attending Surgeon to the Dundee Royal Infirmary, vice Campbell, who retires by rotation.

MAC NAB, W., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Certifying Factory Surgeon for Skipton, Yorkshire, vice Granger, resigned.

MILLER, J. W., M.D., L.R.C.S.Ed., has been appointed Consulting Physician to the Dundee Royal Infirmary.

MOON, D. S., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer to the Artisans' Relief Association, Dundee, vice Begg, deceased.

OTTLEY, W., M.B., M.R.C.S.E., has been appointed Resident Surgical Officer to the General Hospital, Birmingham, vice May, resigned.

PENTLAND, H. T. DE M., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer of Health for the Leominster Urban Sanitary District: £40 per annum; acreage 8277; population 5865.

PONTEOUS, D., M.D., L.F.P. & S. Glas., has been appointed Medical Officer and Public Vaccinator for the Haughton-le-Skerne District of the Darlington Union, and Medical Officer to the Middleton Ironworks, near Darlington, vice Parsons, resigned.

POWNE, B. L., M.R.C.S.E., has been appointed Medical Officer to the Workhouse, and Medical Officer and Public Vaccinator for No. 1 District of the Chard Union, Somersetshire, vice Spicer, deceased.

RAHILLY, J., L.A.H. Dub., has been appointed Apothecary for the Kanturk Dispensary District of the Kanturk Union, vice Sidley, resigned.

RANGER, W. G., M.R.C.S.E., has been appointed Assistant Dental Surgeon to St. Thomas's Hospital.

REDMOND, J. J., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Officer to the Presentation Convent, Mooncoin, Co. Kilkenny, vice Parks, deceased.

SCOTT, J., L.R.C.P.Ed., L.S.A.L., L.M., has been appointed Medical Referee to the Prudential Assurance Company for the District of Kennington.

SMITH, R. D., M.R.C.S.E., has been appointed House-Surgeon to the London Hospital, vice Bowkitt, resigned.

SUTTON, H. G., M.R.C.S.E., has been appointed Medical Officer of Health for the Sittingbourne Urban Sanitary District for six months: £50 per annum; acreage 1007; population 6147.

TAYLOR, W. B., M.R.C.S.E., has been appointed a Medical Officer to the Camberwell Provident Dispensary, vice Otley, resigned.

TURNER, J. S., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for No. 5 District of the Mansfield Union, vice Dawson, resigned.

WHITE, H. F. LA TOUCHE, L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Officer to the Workhouse of the Caxton and Arrington Union, Cambridgeshire, vice Giles, resigned.

WRANGHAM, J. D., M.D., has been appointed Medical Officer and Public Vaccinator for the Wragby District of the Horncastle Union, vice Cresswell, resigned.

Births, Marriages, and Deaths.

BIRTHS.

CRANKE.—On the 30th ult., at Ulverstone, the wife of J. Cranke, M.R.C.S.E., of a son.

MARSHALL.—On the 29th ult., at Caledonia-place, Clifton, the wife of H. Marshall, M.D., of a son.

PLAYFAIR.—On the 1st inst., at Curzon-street, Mayfair, the wife of W. S. Playfair, M.D., of a son.

POWELL.—On the 8th inst., at 15, Henrietta-street, Cavendish-square, the wife of Dr. Douglas Powell, of a son.

WILLIAMS.—At the Abbey, Denbigh, the wife of Dr. P. Williams, of a daughter.

WOODHOUSE.—On the 2nd inst., at Ranelagh Lodge, Fulham, the wife of Thos. James Woodhouse, M.D., M.B., F.R.C.S.E., of a son.

YOUNG.—On the 30th ult., at Erdington, Birmingham, the wife of H. J. Young, M.D., of a son.

MARRIAGES.

BANKS—ELLIOTT.—On the 2nd inst., at Christ Church, Liverpool, William Mitchell Banks, F.R.C.S.E., of Rodney-street, to Elizabeth Rathbone, younger daughter of John Elliott, Esq., of Aigburth, Liverpool.

CROWFOOT—BAYLY.—On the 30th ult., at St. Peter's, Brighton, Wm. Miller Crowfoot, M.B., to Catharine Anne, daughter of the late Robt. Bayly, Esq.

FLEMING—ENO.—On the 8th inst., at the Parish Church, Winlaton, J. N. Fleming, M.D., Newcastle-upon-Tyne, only son of Joseph Fleming, Papcastle, Cumberland, to Laura, eldest daughter of J. C. Eno, Beau Lodge, Blaydon-on-Tyne, near Newcastle.

DEATHS.

BONTHRON.—On the 26th ult., C. C. Bonthron, L.R.C.S.Ed., of Buckhaven, Fifeshire, aged 28.

BROWN.—On the 2nd inst., Geo. Brown, M.D., of York-road, Hove, Brighton, aged 60.

CLARKE.—On the 20th ult., Wm. H. Clarke, L.R.C.P.Ed., L.R.C.S.Ed., of Stratford-on-Avon, aged 32.

DUFFY.—On the 23rd ult., Francis Duffy, M.D., of River-view, Carrickmacross, Co. Monaghan.

JEFFERSON.—On the 27th ult., Richard Jefferson, M.R.C.S.E., of Market-Weighton, Yorkshire, aged 74.

LYON.—On the 5th inst., David Mitchell Lyon, L.R.C.P.Ed., L.F.P.Glasg., of St. Helens, Lancashire.

MUDGE.—On the 27th ult., Henry Mudge, M.R.C.S.Eng., of Bodmin, aged 68.

Notes, Short Comments, and Answers to Correspondents.

TREES FOR LEICESTER-SQUARE.

WHILST thankfully recognising the boon to the metropolitan public which has been wrought by the recent transformation of Leicester-square from an abomination of desolation into a bright and interesting promenade or lounging-place, we take leave to think that in laying out the garden it has been a mistake to rely so exclusively for aboricultural effect upon rhododendrons and other shrubs. Looking over the square from any point, we not only miss the agreeable break of outline which is given by single trees standing up above the shrubs and flowers, but, considering the exposed position of the square to the sun in summer and to the winds and rains of winter, it strikes us that a great want has yet to be supplied there. We are glad to be fortified on this score by the opinion of our excellent contemporary, *The Garden*, which points out that whereas a couple of years will probably kill outright most of the expensive shrubs planted in the square, deciduous trees from the odorous lilac up to the stately plane flourish in the heart of London, and should have found a place in Leicester-square. More trees are wanted in London, both for shade and for a relief to the eye against the endless rows of brick and stucco, and the planes on the new Embankment testify to the practicability of supplying this need. The Metropolitan Board of Works will, it may be hoped, take the earliest opportunity of adorning their new gift with trees, which, judiciously selected, will every year increase the beauty as well as the usefulness of the square as a breathing place for the crowded population of London.

Mr. James Richardson, (Newcastle-on-Tyne.)—Many thanks.

THE GAME OF POLO.

To the Editor of THE LANCET.

SIR,—In referring last week to the Bishop of Manchester's recent observations on polo, though condemning the game, you stated it would not be difficult to find something to say in its defence, or at least in palliation of what cruelty it entails; and as I have had many opportunities of forming an opinion on its merits and demerits, I send you a few remarks thereon, and, although they may have but little medical interest, they cannot be altogether devoid of it at a time when the game is attracting so much notice throughout society.

As regards the injury to the animal. A most erroneous impression is general amongst those who have not witnessed the game that it is very cruel to the ponies, and perhaps spectators are also led to believe this by seeing how carefully the legs are bandaged. Now and again undoubtedly they do get a severe blow, or are otherwise injured; but such is the exception, and equally so, perhaps with more reason, might hunting be considered cruel to horses. On the other hand, well-trained ponies appear to take an interest in the game, and certainly it would be to their interest, had they a voice in the matter, to encourage it, as their value increases every day now, and in many instances their lives are changed from one of drudgery to one of comparative idleness and good living.

People who condemn fox-hunting, because of cruelty to the fox, forget that were it not for the amusement he affords, the existence of his species would have long ago terminated in this country.

Polo, like hunting, though in a less degree, is a fine healthy recreation, and one that the profession may with good reason advocate amongst men who must have occupation of some kind, and whose time is much at their own disposal. But polo, like other games subject to competition, is apt to be carried to excess, and herein lies the danger. In India, where the game is very general, I am informed the height of the ponies is limited to thirteen hands, and that those most generally used (from Burmah) are nearer twelve hands. Now, these little ponies are very quick in turning, are easily checked, and cannot from their light weight cause a very great shock if they come in collision, and consequently serious accidents are very rare. In this country the standard is fourteen hands, and this will probably be increased. These ponies can neither turn nor be checked so quickly when going at full speed, and my belief is (strengthened by my recent experience) that this game will give rise to very grave accidents unless some decided check is put upon the standard allowed, and thus a healthy sport be made unpopular.

I am, Sir, yours &c.,
A. B. R. MYERS, Surgeon, Coldstream Guards.

Windsor, July 2nd, 1874.

BICYCLES AND HERNIA.

A CORRESPONDENT alleges that it is a common notion among the public that bicycle-riding is very liable to produce hernia, and asks whether there is any foundation for the statement. We fail to see how the exercise in question is, in any special way, likely to be followed by hernia; but our readers may be able to furnish him and us with their experience in the matter.

Mr. W. Date, (Crewkerne.)—The paper has been received.

CARMICHAEL PRIZES.

To the Editor of THE LANCET.

SIR,—Can you or any of your readers tell us why the Carmichael Prizes awarded (1870) to Drs. Ash and Dale have not been published and circulated, as directed by the will of the late Mr. Carmichael? "700 of the Prize Essays to be published and sent to all Cabinet Ministers and Privy Councillors in both countries, and to all Councillors and governing members of all Medical Colleges and Corporations." Surely, Sir, at this important crisis in medical politics, the omission of such an enactment is highly culpable.

Yours obediently,
Beaufort-street, Chelsea, July 2nd, 1874. EDWARDS CRISP.

ARTIFICIAL ESSENCE OF VANILLA.

THE pods of vanilla owe their aromatic properties to the presence of a compound called vanillin, and this substance has recently been produced artificially in a rather remarkable manner. A crystalline substance, called coniferin, is contained in coniferous woods, and this compound forms the subject of an important research recently carried out by Tiemann and Haarmann, and described by them in the Journal of the Berlin Chemical Society. When coniferin is exposed to the action of the remarkable ferment which is contained in almonds (emulsin), it splits up into grape sugar, and a new substance, which has been found to possess a just title to the euphonious name of methyl-ethyl-proto-catechnic aldehyde. When this substance is oxidised by means of chromic acid, it yields vanillin, which is in every respect identical with that obtained from vanilla. Vanillin is a somewhat volatile crystalline substance, and it can be advantageously used for flavouring chocolate, &c., in the place of vanilla. It contains carbon, hydrogen, and oxygen in the proportions indicated by the formula—$C_8H_8O_3$; and as the investigations of Tiemann and Haarmann show that it is nearly related to benzene, it will, in all probability, soon be manufactured from some of cheaper benzene derivatives. Thus we not only obtain our most important colouring materials from coal-tar, but this source promises also to afford one of the most delicate of flavouring substances.

ADULTERATION OF FOOD.

To the Editor of THE LANCET.

SIR,—I observe in your leader of to-day you say that an authority is against me in the matter of "butter." Fortunately for me, however, the issue cannot be decided by authority, since, like much else connected with the adulteration of food, the question is a question of fact. Given mixtures of animal and vegetable fats having the melting point of butter, can Dr. Hassall distinguish them from butter? That is the simple question at issue. I believe he cannot; but if he can, he may very readily prove his ability to do so.

Yours &c.,

Universities Club, July 4th, 1874. J. ALFRED WANKLYN.

*** Dr. Voelcker, in his evidence before the Committee of the House of Commons on adulteration, stated that it is not possible to detect the adulteration of butter with animal fat. This statement was questioned by Dr. Hassall, who handed in to the Committee the outlines of a process by Messrs. Hehner and Angell, whereby it is affirmed that this object may be accomplished. Mr. Wanklyn, who declared that he had heard the evidence of Dr. Hassall, still asserted the impossibility of distinguishing the admixture of butter with animal fat. The statement made by Dr. Hassall was clear and definite, and there was no limitation, such as that contained in the letter of our correspondent, as to the mixtures having the same melting point as butter. As a matter of fact, such mixtures usually have not the melting point of butter. Neither was anything said about admixture with vegetable fat, with which, however, the process in question, we believe, has been found quite capable of dealing. We do not see that it is incumbent in any way either upon Dr. Hassall or the authors of the process to spend their time in the analysis of mixtures ingeniously compounded by Mr. Wanklyn, as proposed by him. The outlines of the process have already twice been made public—once in evidence given before the Committee on Adulteration; again in *Food, Water, and Air*; while in course of a very short time the full details of the process will, we believe, be published by the authors. It will be then for Mr. Wanklyn to show, if he can do so, that their method of proceeding is founded on error.—ED. L.

To the Editor of THE LANCET.

SIR,—On my return to town, I observe a reference in your annotations to my evidence upon the so-called "corn-flours." I do not consider that *The Times* report, condensing 263 folios into three-fourths of a column, has belied me; but it was evidently impossible to give all the qualifying observations in so contracted a space. When the Blue-book is issued, I think you will still further agree with the views I expressed on this subject, the more especially as my application of the word "worthless" was to "corn-flour" taken, as suggested, on more than one packet, mixed with water only. I also said it would be "indigestible" *unless boiled*, and not to be depended upon *alone* as food for infants and invalids.

That persons are so ignorant as to use some of these corn-flours exactly according to the printed directions was unfortunately proved at the inquest upon the starved child at Manchester, and Dr. Alfred Carpenter writes: "Farinaceous food is commonly given (to infants) among poor persons, sometimes with, but more commonly without, milk." This my own inquiries among the lower classes altogether confirm. My objection to "corn-flour" is entirely confined to the misleading name and the utterly untruthful statements on most of the packets. When put forward as the "most nutritious and economical food for infants," or as "flesh-and-bone forming food," I apprehend very obvious danger attends the vast sale of such an article among the uninformed, and I am glad you express the opinion that such statements should be immediately expunged from the labels.

In conclusion, I cannot, of course, expect that you will remember the name of every contributor to THE LANCET; but you did me the honour to print my somewhat elaborate analysis of rabbits' flesh in the early part of last year, and made use of some expressions of mine in an annotation on the Adulteration of Cocoa in the August following.

I am, Sir, faithfully yours,

South-square, Gray's-inn, July 2nd, 1874. H. C. BARTLETT.

*** We have nothing to add to our note of last week. We gather from his letter that Mr. Bartlett agrees with us in this matter, and we are therefore content to let it rest. Our perusal of *The Times* summary of his evidence certainly led us to a very different idea of his meaning from that which he now expresses. Corn-flour is dietetically on a par with arrow-root, and surely few would venture to stigmatise the latter as "worthless as an article of food."—ED. L.

THE SHAM FIGHT AT FRENSHAM.

A CORRESPONDENT calls our attention to a paragraph that lately appeared in a contemporary, in which it was stated, on the authority of an officer whose opportunities enabled him to speak authoritatively, that "the forced march of the 93rd Highlanders to defend Mill Bridge, of over five miles in an hour, was accomplished by fair toe-and-heel walking, without any 'doubling,' and that only one young drummer boy fell out, and was ordered by the surgeon to an ambulance, with two privates who had been helping him along." Our correspondent remarks that this information seems to him so incredible that he would be glad to have it corroborated by the surgeon in charge of the 93rd. Some further details of this rapid march would be of interest. Without encumbrances it would be reasonable to expect a body of healthy men to march four miles in an hour; but it seems very improbable that men could perform the distance of five miles in a body in the space of one hour, as stated.

Hydrophobia.—It is an absurd and dangerous error to suppose that dogs when affected with rabies manifest any dread of water; on the contrary, they are often very thirsty, and will drink with avidity so long as they are able.

MADRAS MEDICAL UNIVERSITY.

To the Editor of THE LANCET.

SIR,—Kindly grant me some space in your cosmopolitan journal that I may make an endeavour to agitate a question of much importance in the Madras Presidency regarding the spread of scientific medicine amongst the Eurasians and natives. You will be conferring a very great favour on me and the young men of that Presidency; for in this question is involved a grievance of which we have complained, and still complain. It is no imaginary grievance; it is a recognised one. Attempts have been made to redress it; but these have been feeble and fruitless. The gentlemen entrusted with the medical education of the Presidency have, it is true, made efforts to remove the evil; but these efforts were nominal. They have not, with that true philanthropic spirit and unprejudiced feeling towards caste and creed, behaved as pioneers in the march of the sciences of medicine through the jungles and ravines of unscientific India.

Often has it been asked why the young men of this truly benighted Presidency evince so little desire to follow our noble and scientific profession; and the answer has been given—a partial answer. If the trammels of caste offer impediments to the diffusion of medicine amongst the natives of the Madras Presidency, this cannot be urged as a reason why the Eurasians should hold the profession in disfavour. The Eurasians, it must be remarked, for many do not know, constitute a race which sprung up subsequent to the occupation of the peninsula by the British and other European nations. The educated portion of this race is in manners and customs European. These young men are bound by no codes of caste. Why, then, are there so few of them who study the higher branches of medicine? The answer is, that there are no openings for them in the profession.

The Madras Government has done a great deal in establishing a medical school at its seat of legislation, inviting young men to receive instruction gratis, and giving them opportunities of taking the medical degree of the Madras University. Nevertheless, few, very few of them avail themselves of this most liberal offer. Many men, overlooking the true barrier that stands in the distance—in the after-collegiate career of these young men,—think this points to the apathy with which the Eurasians regard the strenuous efforts of the Madras Government to fill the country with scientific medical men. But the real cause I have given.

The Madras Medical College was established principally to instruct young men for the Madras military medical service—a service subordinate to those of the Indian and British. Their curriculum extends over a period of but three years, during which time a variety of courses is gone through after a fashion. I say after a fashion, because the period of study is too small; yet it is quite sufficient for the purpose in view. Many promising young men are turned out into the ranks of this service, in which no scope is offered for the development of talents, because, being subordinates in a military sense, they have simply to carry out the medico-military orders of their superiors. The College in its original and principal constitution is military, and is conducted by gentlemen belonging to the Indian medical service. Most of the young men, with few exceptions, enter this department with a very preliminary education. The cause of this is evident; for men with higher attainments can do better out of the service. The College also sends out dressers, who in most cases are intended to perform the mechanical medical duties of a hospital. This forms the military section of the College, and, in fact, constitutes almost the whole College. There is, however, a civil element in it, which was introduced as an after-thought by the Government, in order to develop higher medical learning, and to attract men of better preliminary culture. Now to the point. And though the Government has very liberally offered such young men a gratuitous education, and has even held out inducements in the shape of scholarships, comparatively few accept them. The curriculum for these students extends over five years, at the end of which period they are allowed to graduate at the local University. The number of students in this department has varied from none to thirteen. Nearly all who enter this department have the Indian medical service in view. They consequently, after a few years of study, desert their *alma mater*, and come to this country to qualify, for the Madras qualification is not recognised here. If there were openings for them in the Presidency, they would by no means incur the expense and risk the perils of a voyage to this country, in order to submit themselves to a competitive examination. Then there will be no whispered complaint that the Eurasian native of India is an intruder in the ranks of the Indian medical service, which was once closed to him.

I wish to draw the attention of the Madras and Home Governments to this state of things. If they want the higher medical education to take good root in the Madras Presidency, let them open the civil appointments to these young men. At present the only two portals of the profession are barred against them—viz., the civil appointments and private practice, both of which are monopolised by members of the Indian medical service.

I hope something will be done in this direction, and that by your aid, Mr. Editor, the event will be accelerated.

I remain, Sir, yours truly,

Edinburgh, June, 1874. H. A. C. GRAY, M.B. Edin.

FOUNDLINGS.

THE proportion of foundlings in France is rather considerable, so much so that the Council General of the department of the Rhône offer a prize of £80 for the best essay on Foundlings. The following points are simply recommended to authors, though the Council grant them full liberty:—1. Causes of the abandonment of children. (a) What are the results obtained by statistics? (b) Do social, political, and religious conditions act upon the number of foundlings? (c) Were children left to public mercy among the ancients? Can the time be fixed when the forsaking of children, exceptional in antiquity, took a great proportion, and under what social and religious influence has such increase taken place? 2. By what measures could the number of foundlings be diminished? What becomes of them? Establish a parallel between the moral and physical conditions of foundlings and other children? 3. By what means could foundlings be physically and morally improved? How could mortality among them be diminished? And how could their ultimate fate be ameliorated? 4. Which is the best manner of taking care of them? What has been the result of the suppression of turnstiles? And how should we view such suppression?

Dr. Smith (Clifton) is thanked for his communication.

EXTENSION APPLIED TO FLAPS IN CASES OF AMPUTATION.

To the Editor of THE LANCET.

SIR,—During the session 1871-72, while I was acting as dresser in Dr. Morton's wards in the Glasgow Royal Infirmary, a great interest was taken by students in the application of extension to flaps in cases of amputation. Dr. Morton was led to adopt this in cases of amputation in the lower third of the thigh where there was threatened protrusion of the bone. The effects of this line of treatment were so marked that he was induced to try it upon other amputations, and in all the results were most gratifying. This treatment is of immense service where the patient is much emaciated, and the soft parts as a consequence easily injured. It also answers well where there has been retraction or partial sloughing of the flaps. The manner in which this extension was carried out was as follows:—Two or more pieces of adhesive plaster, each about thirty inches long by two broad, were applied to the flaps in the direction in which the extension was required, and to the free ends of the plaster a suitable weight was attached. This application did not in the least interfere with the dressing of the stump, as the weight could be detached, and the plaster turned back out of the way.

I notice in the current number of the *Edinburgh Medical Journal* Mr. Lister refers to this same extension as an invention of his own, and he there mentions a case in which the results were most satisfactory. Now it is only fair that he should be put right on this matter. He may not be aware that a notice of this treatment was published in the *Glasgow Medical Journal* for February, 1873, and it has been in use in the Glasgow Royal Infirmary since 1871.

Yours truly,

July, 1874. AMICUS.

A STATUE OF GALVANI.

THIS eminent philosopher and benefactor of humanity will, at the hands of numerous subscribers, receive the honour of a statue at Bologna. The Committee have just opened a competition, and will receive models up to September next. The statue is to be of marble, and to measure about seven yards from the ground; the cost not to exceed £1000. We find that about £700 have been collected; and, judging from the last list published, the subscribers must be extremely numerous, as the sum given by twenty different persons, including the produce of a theatrical performance, amounts only to about £3 6*s*.

Mr. F. W. Casson, (Hull.)—We know nothing of the sound in question.

ESMARCH'S PLAN IN MINOR OPERATIONS.

To the Editor of THE LANCET.

SIR,—In your issue of July 4th, Mr. Alfred Kebbell has drawn attention to the value of Esmarch's bandage in minor operations. It seems to me, however, that the following method, as practised at University College Hospital, is quite as efficacious as regards bloodlessness, and is not attended by that troublesome after-hæmorrhage which is the one drawback to Esmarch's procedure. The limb should be suspended for about ten minutes, a Petit's tourniquet loosely applied over the main artery, and then, having rubbed the limb down with the hand so as to favour the emptying of the vessels, the tourniquet should be rapidly screwed up. The operation may now be performed, and not a drop of blood will escape till the tourniquet is loosened. By this plan many minor and two major amputations have been performed with complete success at this infirmary. On the other hand, our experience of Esmarch's bandage has not been encouraging. In a case of excision of the knee-joint the after-hæmorrhage was so great that amputation of the thigh had to be done the following day; and in a case of amputation of the leg, at the old seat of election, reactionary hæmorrhage set in a few hours after the operation, from the effects of which the patient ultimately succumbed. I suppose the explanation of this is, that the vessels are so paralysed by the compression of the bandage that they take some time to recover their tone. Hence, when the elastic band is removed, the smaller arteries, which do not bleed at once, are overlooked.

I am, Sir, faithfully yours,

F. H. HODGES, M.R.C.S., &c.,

July 7th, 1874. House-Surgeon to the Leicester Infirmary.

SURGEONS AND THEIR FEES IN CASES OF DRUNKENNESS.

MR. BARKER, of the Police Court, Clerkenwell, in trying a clerk on a charge of drunkenness, was told by the policeman giving evidence that the defendant was so badly drunk that a surgeon had to be called in, and that the defendant had not paid the surgeon's fee. Mr. Barker very properly answered that he had nothing to do with the defendant paying the surgeon's fee. Fortunately the police are answerable to the surgeon. It would be a bad look out for surgeons if they depended for payment in police cases upon prisoners.

THE MEDICAL BENEVOLENT SOCIETY OF KENT.

THE eighty-seventh anniversary of this Society was celebrated at Greenwich on Wednesday last—John M. Burton, Esq., F.R.C.S., in the chair. The Society is strictly a benevolent one, designed to promote thrift among its members, who from the time of joining to the time of death pay £1 1*s*. annually. There are about 180 members, and the funded property amounts to upwards of £8000, the trustees being Drs. Alfred Lochée, Dr. Edward Furley, and Dr. William Carr. Sixteen new members joined the Society, and four deaths were reported. To eight annuitants the sum of £360 was allowed, the highest £90, and the lowest £20. These grants are made by the general meeting, which takes place alternately at Greenwich, Maidstone, and Canterbury, without the expense or publicity of canvassing. We are surprised, looking at the excellence of this Society, that every member of the profession in the county does not join it.

Dr. Mackern.—The case demands inquiry. We think the matter might be brought before the Medical Council now sitting.

Mr. Hubert Draper.—The subject shall be noticed next week.

EUCALYPTUS GLOBULUS.

To the Editor of THE LANCET.

SIR,—I have read with much interest the various notices that have appeared from time to time in the columns of THE LANCET regarding the above tree. I was rather amused at the doubt at first expressed as to whether it would stand the rigour of our climate. Your readers who take an interest in the matter will be glad to learn that it not only will grow in England, but at this far north it will survive and attain to a considerable height. There is at Balmonte, in this parish, one about thirty feet high, growing against the residence of Dr. Boswell Syme, the well-known botanist. Its age is upwards of twenty years; and, though nearly as high as the one at Powderham Castle, cannot boast of the same girth. It bears capsules each year. During the last four years I have tried by seed, cuttings, and layers to cultivate it, but in vain. The seeds are not matured this far north; but I have no doubt that if the seeds were imported, no difficulty would be experienced in cultivating it to any extent in this country.

I am, Sir, yours faithfully,

Kinghorn, Fife, July 7th, 1874. JAS. WELSH, M.D.

To the Editor of THE LANCET.

SIR,—The question of the cultivation of the Eucalyptus globulus having been mooted in your columns, you will perhaps allow me to state that in 1870 I saw two specimens of that plant in the garden of the late Mr. Charles Maclaren, in the Grange Loan, Edinburgh. The trees at that time were about eight feet high, and were afforded, to the best of my recollection, some shelter during the winter.

Yours very truly,

Royal Infirmary, Bristol, July 6th, 1874. J. E. SHAW, M.B.

CHLORAL.

NOTWITHSTANDING the warnings that have occasionally appeared in this and other journals, it would seem to be not at all uncommon for people, acting on their own judgment and responsibility, to have recourse to chloral as a remedy for sleeplessness. Our attention has been frequently called to the appearance of advertisements, obviously intended for the public, as to the virtues of this agent. If those who may be suffering from one or other of the various ailments enumerated in the advertisements alluded to be guided by us, they will think twice before seeking a remedy in chloral; for it is more than possible that some of them may procure sleep by its aid which will prove lasting rather than refreshing.

S.—Our correspondent will find that we have noticed the subject, and are quite alive to its importance.

URETHROTOMES FOR NARROW STRICTURES.

To the Editor of THE LANCET.

SIR,—In your impression of June 27th, p. 931, Mr. Teevan inadvertently describes the urethrotome constructed by us for Mr. Berkeley Hill as a combination of French inventions. Will you, therefore, allow me to state that my father writes to me from Paris that he has called upon Messrs. Robert and Collin (successors to M. Charrière), and also upon M. Matthieu, that he has inspected their urethrotomes, and they admit there is no instrument known to them at all resembling the mechanism of Mr. Hill's. The originality we claim is the plan adopted of cutting a short slit in the tube to allow the heel of the knife to enter and slightly project when the knife is ejected, as is also the idea of returning the knife to its sheath by making the heel strike the proximal end of the short slit, the obvious advantages being that the cut is from the farther side of the stricture towards the meatus. There is no projecting part to pass beyond the stricture (although provision is made for marking the point of stricture), and the urethrotome can be made very small, and yet a *deep* cut be obtained if desired.

I am, Sir, your obedient servant,

Grafton-street East, W.C., July 7th, 1874. S. COXETER.

TOBACCO.

Jacobus S.—That the tissues of the body of an inveterate smoker may to some extent be impregnated with one or more of the active principles of tobacco is a matter of little doubt; though we believe the poison finds a ready exit from the system. The story told, however, by a sea captain, of the Fijians, who accounted for the crew of a ship wrecked on their coast by saying that they had all been eaten except one, and "him taste too like tobacco; couldn't eat him no how"—ought to be accepted with the reserve proverbially attachable to the reception of travellers' tales.

Providens.—We do not at the moment recollect whether out of the discussion on Medical Benefit Clubs, which went on some little time ago in our columns, any practical results followed; but our impression is that the artisan classes continue to enjoy a monopoly of such provident institutions.

Mr. Pridgin Teale, (Leeds.)—Thanks.

A FAMILY PARTY.

THE Local Board district of Bollington, in Cheshire, with a population of about 3500, has hitherto managed to get on without appointing a medical officer of health, its one sanitary officer being the clerk to the Board, who performed gratuitously the duties of nuisance inspector in addition to his clerical functions. By whatever cause moved thereto, the Board have at length roused themselves to the consciousness that, to crown the edifice of their organisation, they ought to have a health officer, and to this post they have appointed one of their colleagues on the Board, at a salary of £10 a year. The formal appointment of nuisance inspector was at the same time conferred on the clerk to the Board, with a salary of £5 per annum for the services to be rendered on that account. This is keeping the thing in the family pretty well, and at so cheap a rate too!

Mr. Fred. Neild, (Plymouth.)—Thanks. A concise report of the case would be acceptable.

PROFESSIONAL ETIQUETTE.

To the Editor of THE LANCET.

SIR,—There is one thing which has struck me on reading the correspondence relating to the above, published in your journal of Saturday last, and on which you make no comment—that is, the course taken by Dr. C. D. in the matter. It seems to me that, under all the circumstances, which I need not recapitulate, he, bound by every motive of self-respect and regard for professional etiquette, should have declined taking charge of the case, Dr. Quain notwithstanding. Yours truly,

July, 1874. G. V.

Nemo Solus Sapit will find the information he wants in the Consolidated Order of the Poor-law Board (Local Government Board), 24th July, 1847; and the General Order of the 25th May, 1857—both most conveniently found for reference in Glen's Poor-law Board Orders (Knight & Co.).

Practitioner.—The title cannot be used till the diploma is obtained.

COMMUNICATIONS, LETTERS, &c., have been received from—Prof. Parkes, Netley; Mr. Greenfield, Paris; Mr. Hodges, Leicester; Mr. N. Allen, Massachusetts, U.S.; Dr. Chas. West; Dr. Ringer; Dr. Meadows, London; Dr. Grabham, Pontefract; Mr. Wanklyn, London; Dr. Cunningham, Glasgow; Mr. Erskine Stuart; Mr. Keith, London; Mr. Rose, London; Dr. Lush, M.P.; Dr. Arbuckle, Thorne; Mr. V. Phillips, High Ackworth; Mr. Ernest Morgan, London; Dr. W. Buchanan, Chatham; Dr. Rogers; Dr. Paul Gütterbock, Berlin University; Mr. C. F. Maunder, London; Mr. W. A. Smith; Dr. Rae, Blackburn; Mr. Casson, Hull; Mr. Coleman, Farnley; Dr. M'Crea, Belfast; Dr. Jas. Welsh; Mr. Neild, Plymouth; Dr. Longhurst, 60th Rifles; Mr. Snow, Chippenham; Mr. W. G. Ranger; Dr. Fox, Broughton; Dr. Cole, Bath; Dr. Holland, London; Mr. Davies, Llanfair; Mr. Southwell; Mr. Pennefather; Mr. Postgate, Birmingham; Mr. Pound, Odiham; Mr. G. W. Thomson, Twickenham; Mr. Blackburn, Norwich; Dr. Fleming, Newcastle-on-Tyne; Mr. Barlow, Manchester; Dr. Ralfe, London; Dr. Blanc, Paris; Mr. Morrell, Gloucester; Mr. Moore, London; Dr. Mackern, Long Eaton; Dr. Adams, Caterham; Mr. Biggs, Cape Town; Mr. Wilson, London; Mr. R. Smith, London; Mr. Coxeter, London; Mr. Williams, Liverpool; Mr. Tootell, Hendon; Dr. Roberts, Sheffield; Dr. Waters, Liverpool; Mr. Pease, Hammersmith; Dr. Reoch; Mr. Venman, London; Mr. Ashenden, Hastings; Mr. Walker, Aylesbury; Dr. Crisp, London; Mr. J. Smith, Greenwich; Mr. Bartlett, London; Mr. Ellis, Morley; Mr. Berry, Lancaster; Mr. Ballenden, Sedgley; Dr. Martin, Manchester; Dr. Carr, Blackheath; Mr. Richard Day, London; Dr. Mackenna, London; Mr. Hawthorn, Wellington; Miss Dalton, Bournemouth; Mr. Jarden, Huddersfield; Mr. Greenwood, Liverpool; Mr. Holman, Uckfield; Mr. Bonney, Bolton; Dr. T. O. D., London; Practitioner; The Director of the Munich Gallery; W. P. O'L.; Medicus; The Director-General of the Naval Medical Service; Indophilus; M.D.; Providens, Welspool; The Chairman of the Phosphate Sewage Company; Hippo, India; B.; &c. &c.

LETTERS, each *with enclosure*, are also acknowledged from.—Mr. Mackey, Southampton; Dr. Clegg, Bacup; Mr. Johnson, Edinburgh; Mr. Pugh, Brighouse; Mr. Gibbons, Wolverhampton; Miss Walmsley, London; Mr. Edger, Kirkby Stephen; Mr. Macnamara, Uxbridge; Mr. Kirkham, Manchester; Dr. Ryan, Dublin; Mr. Reed, Glasgow; Dr. Poole, Sidcup; Dr. Sergeant, Kilburn; Mr. Evans, Clapham; Mr. Brett, Bridlington; Mr. Pratt, Billesdon; Mr. Fawsett, Oldham; Mr. Benthall, Battersea; Dr. Tweedie, Hackney: Mr. Walker, Louth; Mr. Paxton, Glasgow; Mr. Douglas, Cardiff; Dr. Murdoch, Ilsley; Mr. Miller, Brierley Hill; Dr. Kemm, Corsham; Mr. Jarman, Rhayader; Mr. Chrystie, Edinburgh; Mr. Markby, Leigh; Mr. Brooks, Stafford; Mr. Wheeler, Birmingham; Dr. Duncan, Newbiggin; Messrs. Merrett and Co., London; Mr. Julius, Hastings; Mr. Phillips, Watford, Mr. Jordan, Birmingham; Dr. Aylwin, Stanmore; Mr. Singleton, Ottery St. Mary; Mr. England, Camberwell; Mr. Heane, Cinderford; Dr. Cogan, Northampton; Mr. Jones, Whitchurch; Mr. Jennings, Coleford; Dr. King, Welwyn; Dr. Jackson, Beeford; Mr. Utting, Moretonhampstead; Mr. Benson, Walcester; Dr. Piggott, Stoke Ferry; Mr. Dunnegan, Sligo; Mr. Bowen, Tenbury; Mr. Wilson, Edgeworthstown; Mr. Steadman, Godalming; Dr. Morson, West Maitland, New South Wales; Mr. Cook, Kington; Dr. Blythman, Swinton; Mr. Royds, Rochdale; F.R.C.S., Stockton; A. Z., Leicester.

Isle of Man Times, Newcastle Daily Chronicle, York Herald, Sunday Times, South London Journal, Huddersfield Daily Chronicle, Surrey Advertiser, Pharmaceutical Journal, Manchester Guardian, East London Observer, Liverpool Daily Post, Chelmsford Chronicle, Lincoln Mercury, Cork Constitution, Welshman, Macclesfield Chronicle, Rotherham Advertiser, and *Macclesfield Courier* have been received.

METEOROLOGICAL READINGS

(Taken by Steward's Instruments).

THE LANCET OFFICE, JULY 9TH, 1874.

Date.	Barometer reduced to Sea Level, and 32° F.	Direction of Wind.	Wet Bulb.	Dry Bulb	Solar Radia. in Vacuo	Max. Temp. Shade	Min. Temp.	Rainfall.	Remarks at 8 A.M.
July 3	30·00	W.	59	64	113	75	56	...	Fine
„ 4	30·09	W.	58	63	110	72	53	...	Fine
„ 6	30·28	E.	54	61	99	72	51	...	Fine
„ 7	30·17	S.E.	56	62	107	77	50	...	Fine
„ 8	30·15	E.	59	65	120	86	51	...	Fine
„ 9	30·20	W.	63	71	...	...	53	...	Fine

Medical Diary for the ensuing Week.

Monday, July 13.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.
ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ST. PETER'S HOSPITAL.—3 P.M. Expected Operation: Lithotrity.

Tuesday, July 14.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.

Wednesday, July 15.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Thursday at the same hour.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.

Thursday, July 16.

ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.

Friday, July 17.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, July 18.

HOSPITAL FOR WOMEN Soho-square.—Operations, 9½ A.M.
ROYAL FREE HOSPITAL.—Operations, 9 A.M. and 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

NOTICE.

In consequence of THE LANCET being frequently detained by the Post Office when posted for places abroad *more than eight days after* publication, subscribers and others are reminded that such copies can only be forwarded as book packets, and *prepaid* as such.

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